USAID | PERU | POLITICAS EN SALUD

DEL PUEBLO DE LOS ESTADOS UNIDOS DE AMERICA

QUARTERLY PROGRESS REPORT

April – June 2013

USAID/Peru/Politicas en Salud

Contract No. GHS-I-10-07-00003-00

July 8, 2013

Prepared for:

Armando Cotrina, COTR

USAID/Peru Health Office

Av. Encalada s.n.

Lima - Perú

Submitted by:

Abt Associates Inc.

Av. La Floresta 497 Ofic. 101

San Borja

Lima - Perú

In Partnership with:

Futures Group International

This document has been elaborated by USAID|PERU|Políticas en Salud, financed by the United States Agency for International Development (USAID) under contract No. GHS-I-10-07-00003-00.

Quarterly Report January-March 2013

Table of Contents

List of tables

List of figures

Acronyms

ACS	Agentes Comunitarios en Salud / Community Health Agents
ANGR	Asamblea Nacional de Gobiernos Regionales / National Assembly of Regional Governments
ARFSIS	Aplicativo de Registro de Formatos del Seguro Integral de Salud / Regulation and Control of the Public Health Insurance
ASIS	Análisis de Situación de Salud / Health Situation Analysis
ASPEFAM	Asociación Peruana de Facultades de Medicina / Peruvian Association of Faculties of Medicine
AUS	Aseguramiento Universal en Salud / Health Universal Insurance
CAP	Cuadro de Asignación de Personal / Chart of Allotment of Personnel
CIGS	Comisión Intergubernamental de Salud / Intergovernmental Health Committee
CNS	Consejo Nacional de Salud / National Health Council
CONADASI	Comité Nacional de Articulación, Docencia, Atención de Salud e Investigación del Ministerio de Salud
CONEAU	Consejo de Evaluación y Acreditación y Certificación de la Calidad de la Educación Superior Universitaria
CPT	Current Procedural Terminology
CRIIS	Comité Regional Intergubernamental de Inversiones en Salud / Intergovernmental Regional Committee of Health Investment
DIGIEM	Dirección General de Infraestructura, Equipamiento y Mantenimiento / General Direction of Infraestructure, Equipment and Maintenance
DIRESA	Dirección Regional de Salud / Regional Health Directorate
DCI	Desnutrición Crónica Infantil / Chronic Child Malnutrition
DGSP	Dirección General de Salud de las Personas del Ministerio de Salud / MoH Persons-Health General Directorate
DNI	Documento Nacional de Identidad / Identification Document
ENDES	Encuesta Demográfica y de Salud Familiar / Demographic and Health Survey
FISSAL	Fondo Intangible Solidario de Salud / Intangible Health Solidarity Fund

FUA	Formato Único de Atención / Healthcare Sole Sheet
GD-HHR	Dirección General de Recursos Humanos de Salud / General Directorate of Human Resource Management
GORESAM	Gobierno Regional de San Martín / San Martín Regional Government
HDI	Human Development Index
HIS	Health Information Systems
HHR	Health Human Resources
HL7	Health Level Seven (Principles of Healthcare Interoperability)
HR	Human Resource
HRMS	Sistema de Gestión de Recursos Humanos del Ministerio de Salud / Human Resources Management System in Health Institutions - MoH
HS 20/20	Health Systems 20/20 Project
ILO	International Labor Organization
INDEPA	Instituto Nacional de Desarrollo de los Pueblos Andinos / National Institute of Development of Andean
IT	Information Technology
JV	Juntas Vecinales / Neighborhood Councils
MCLCP	Mesa de Concertación para la Lucha Contra la Pobreza / Roundtable for Poverty Reduction
MIDIS	Ministerio de Desarrollo e Inclusión Social / Ministry of Social Development and Inclusion
MoF	Ministry of Economics and Finance
MoH	Ministry of Health
NRUS	Nuevo Régimen Único Simplificado / Simplified Scheme for Paying Taxes
OGEI	Oficina General de Estadística e Informática del Ministerio de Salud / MoH Statistics and Informatics General Office
OGPP	Oficina General de Planeamiento y Presupuesto del Ministerio de Salud / MoH Planning and Budgeting General Office
OPI/IPO	Oficina de Proyectos de Inversión / Investment Projects Office
PAHO	Pan American Health Organization

PAIMNI	Programa de Acciones Integrales para el Mejoramiento de la Nutrición Infantil / Regional Program for the Reduction of Chronic Malnutrition
PAN	Programa de Asistencia Nutricional / Results Based Budget Articulated Nutrition Program
PAP	Presupuesto Analítico de Personal / Analytical Budget of Personnel
PARSALUD	Programa de Apoyo a la Reforma / Program for the Support to the Reform
PEAS	Plan Escencial de Aseguramiento en Salud / Health Insurance Essential Plan
PIP	Proyectos de Inversión Pública / Public Investment Projects
PMI	Plan Multianual de Inversiones / Health Investment Multiannual Plan
PMM	Plan Macroeconómco Multianual / Multiannual Macroeconomic Plan
POI	Plan Operativo Institucional / Institutional Operating Plan
PPR	Plan Participativo Regional / Participative Regional Plan
PRAES	Promoviendo Alianzas y Estrategias
PRHP	Plan Participativo Regional de Salud / Definition of a Participatory Regional Health Plan
RENIEC	Registro Nacional de Identificación y Estado Civil / Civil National Agency for Identification and Marital Status Registration
RHD	Regional Health Directorate
ROF	Reglamento de Organización y Funciones / Organization and Functions Regulations
SECCOR	Secretaría de Coordinación del Consejo Nacional de Salud / Coordination Secretariat
SERUMS	Servicio Rural y Urbano Marginal de Salud / Rural Service and Marginal Urban Health program
SERVIR	Autoridad Nacional del Servicio Civil / National Authority of Civil Service
SIAF	Sistema Integrado de Administración Financiera / Integrated Financial Management System
SIS	Seguro Integral de Salud / Public Health Insurance
SMN	Salud Materna Neonatal / Results Based Budget Maternal Health Program

SRCR	Sistema de Referencias y Contrarreferencia / Referral and Counter-Referral System
SUNASA	Supertintendencia Nacional de Aseguramiento en Salud / National Superintendency of Health Insurance
TA	Technical Assistance
UBAP	Unidad Básica de Atención Primaria / Primary Care Basic Unit
UE	Unidad Ejecutora / Execution Unit
UPCH	Universidad Peruana Cayetano Heredia
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

USAID/Peru, through the Health Policy Reform Project, seeks to strengthen five components of the health system: Governance, Financing, Health Information, Human Resources and Pharmaceutical Logistics, ensuring that the necessary policies and policy-related capacities to sustain health reform are in place by the end of this 5-year effort. The aim is to promote substantial improvements particularly within primary care.

During the third quarter of 2013, the project implemented activities in four of the five components: Governance, Financing, Information and Human Resources. Activities of the fifth component -Logistic of medicines and medical products- have been programmed for the second half of the year.

Activities during this quarter were executed according to the contract amendment which alternates the focus on the technical assistance provided to the MoH with that provided to San Martin region. Under this focus, main achievements for each component are presented:

Overall, the project has provided technical assistance to the MoH for the preparation of the technical proposal of the health reform:

1. The project provided specialized orientation to the National Health Council (CNS) in order to advance the preparation of a proposal for the reform of the Peruvian Health System. The project provided its technical input and advice to the specialized committees of the CNS on the following issues: health governance, health financing, health insurance, health investments, health information systems, health human resources management. It also provided its guidance to the task group devoted to the general edition of the document before and after the International Seminar on Health Reform that the MoH organized.

Regarding the Health Governance component:

2. Expansion of PAIMNI to ten health networks located in 37 priority districts with the highest prevalence of chronic child malnutrition. This process is being executed by the Regional Health Directorate, with the project's technical assistance. San Martin officers at the RHD have been trained by the project in sectorization and individual follow up of target populations for PAIMNI intervention. This will ensure maintain the successful trend towards the reduction of chronic child malnutrition in this region.

3. Design and execution of the health citizen consultation (Health Conclave). This meeting had the participation of over 300 representatives from public and private institutions from all provinces of San Martin region towards the democratic identification of regional health priorities. These priorities will be the main reference for the formulation of the Regional Coordinated Health Plan 2013-2018.

Regarding the Health Financing component:

4. Deliberation facilitation on the policies regarding health financing, and financial protection to the individual. Technical information that has been produced by the project was disseminated within the corresponding specialized committees in order to guide their policy proposal making.

5. Approval by the MoH and the MoF of investment projects formulated by San Martin Regional Government with the project's technical assistance. This decision represents the first formal step within Peruvian Executive that sets the pave for advancing investments over US $ 200 million (NS 560.5 million). Of these funds, over US $ 37 million (NS 104.1 million) will be executed in the second half of 2013 through the MoH. From these funds, approximately 70% are oriented towards investments in San Martin.

Regarding the Health Information component:

6. Almost US $ 9 million have been transferred to the Integral Health Insurance to strengthen the health information infrastructure nationwide. The project has provided its technical assistance in order to define required funding for this task. When executed, these funds will serve to implement GalenHos or similar integral health information systems at the point of care.

7. SUNASA has offered its institutional support for the rapid implementation of health information data standards across public and private facilities alongside Peru, with particular emphasis on the implementation the Current Procedural Terminology (CPT) as the standard for registering medical procedures.

8. Three hospitals have signed agreements for the implementation of GalenHos: Rezzola Hospital in Cañete, Honorio Delgado/Hideyo Noguchi Mental Health Institute, and Casimiro Ulloa Emergency Hospital.

Regarding the Health Human Resources:

9. Technical assistance to the MoH in the definition of four health human resources policies at the sectorial level, approved by the National Health Council, as part of a health reform process.

10. Methodology to estimate health human resources needs and gaps at the first level of care, designed and validated by the project, has been assumed by the MoH to be applied nationwide

11. Job profiles designed for RHD, Networks, Operational Offices and Micro networks. Job profiles at micronetwork level will be used in recruitment and selection processes; and networks job profiles will be used in performance assessment process.

12. Participation in the training program of SERVIR for 50 Public Managers from MoH and EsSalud in Human Resources Management.

Section 1: Progress

During the quarter April to June, the project activities continued its focus on the implementation of PAIMNI in San Martin. It is noteworthy to mention that San Martin region has already accomplished its target of reduction of chronic child malnutrition (CCM). According to the results of ENDES, child chronic malnutrition has been reduced to 14.3% in children under five years for the period 2010 – 2012. This represents a reduction of 12.5 points to the level at which the current administration found CCM in San Martin. This advance has been recognized as outstanding by the Ministry of Inclusion and Social Development (MIDIS), and has set a benchmark to which other regions in the country can look as reference to replicate. Figure 1 shows the trend on the malnutrition prevalence over the past 5 years.

Figure 1. Prevalence on under five chronic child malnutrition in San Martin. Years 2008 to 2012.

SOURCE: ENDES 2008 – 2012.

Another relevant issue on the Project's regional agenda was the execution of the public consultation related to the Participatory Health Regional Plan, This process allowed the identification of five health priorities that are going to be considered as mandatory for the Regional Government and the Regional Health Directorate. It is important to highlight this issue, since the effective intervention against ill-health conditions is dependant on the

multisectoral and evidence-based initiatives that can be put into practice (as already demonstrated by positive experience with chronic child malnutrition.).

Regarding the technical assistance provided to the MoH, the project was asked to provide specialized orientation to the National Health Council (CNS) and its specialized committees, so they could advance the preparation of a proposal for the reform of the Peruvian Health System. It has to be mentioned that the Peruvian Executive Branch sent a formal request to this MoH's advisory committee to prepare a proposal on measures and actions leading to the health sector reform an to the strengthening of the health system on January 2013[1]. The project provided TA to the specialized committees of the CNS on the following issues: health governance, health financing, health insurance, health investments, health information systems, and human resources management. HP also provided guidance to the task group editing the document before and after the MoH's International Seminar on Health Reform[2]. The technical assistance provided in this context has the highest impact potential in terms of health policy changes that can be introduced, since the technical inputs that the project reached are a careful combination of theory, experience and evidence taken from the field. This complex contribution is the product of 20 years of technical assistance that USAID has facilitated regarding health systems strengthening. Annex 1 presents the summary of health reform initiatives that the MoH is taking into consideration for execution during President Humala's term.

Overall, the project has trained and/or provided technical assistance to 615 participants, in four technical components of the health system: Governance, Financing, Information and Human Resources. Most participants attended the activities related with San Martin's regional strategy for the reduction of chronic malnutrition, mainly focused in the Governance component.

Table1: Number of participants to technical and training activities per project component

Region	Number of participants			Percentage
	Women	Men	Total	
Governance – Malnutrition reduction	210	209	419	68%
Financing	34	33	67	11%
Information	20	38	58	9%
Human Resources	34	37	71	12%
Total	298	317	615	100%

[1] RS 001-2013-SA. "Encargan al Consejo Nacional de Salud la tarea de formular y proponer medidas y acciones necesarias que permitan la reforma del Sector Salud y el fortalecimiento del Sistema Nacional de Salud"

[2] The first draft of the proposal is available in http://www.minsa.gob.pe/portada/Especiales/2013/reforma/documentos/documentoreforma20082013.pdf

Project activities were focused in San Martin, where the project concentrated activities from the four components.

Table2: Number of participants to technical and training activities per Region

Region	Number of participants			Percentage
	Women	Men	Total	
National level	20	38	58	9%
San Martín	278	279	557	91%
Total	298	317	615	100%
Percentage	48%	52%	100%	

As in previous reports, the male participation was increased in the HIS related activities. The male index shows 65% men vs 35% women. In contrast, the participation of women and men has been balanced on the rest of training activities from the components.

1. Health Sector Governance

Through the governance component, HP has provided technical assistance (TA) to the Regional Health Directorate (RHD) of San Martin through three major activities:

a) Expansion of the program for improving children nutrition -PAIMNI[3] to ten health networks working in 37 priority districts with the highest prevalence of chronic child malnutrition.

a) Organization of the "Citizens Consultation for Health" (Health Conclave). This was a meeting held with the participation of over 300 representatives from both public and private institutions from San Martin designed to identify regional health priorities through the direct participation and voting of the attending representatives. These priorities will be included in the regional health plan (Plan Regional Concertado en Salud) for the period 2013 - 2018.

b) Definition of job positions and specific functions for each of the RHD offices and health networks.

1.1 Strengthen and Expand Decentralization of the Health Sector

1.1.1 Support the MoH and regions in adapting to their new roles under a decentralized health sector.

The project provided TA to the San Martin RHD in the preparation of its Organization and Functions Manual. It should be taken into account that the Organization and Functions Regulation (ROF - *Reglamento de Organización y Funciones*) of the Regional Government of San Martin specifies that updates must be made to the Chart of Allotment of Personnel (CAP - *Cuadro de Asignación de Personal*), to the Analytical Budget of Personnel (PAP - *Presupuesto Analítico de Personal*) and to the Organization and Functions Manual (MOF - *Manual de Organización y Funciones*) no later than June. Accordingly, the project identified the following steps:

a. Define the specific functions for each organizational unit.

2. Identify job positions for each of these units.

3. Define the specific functions for each job position.

The methodological proposal was developed over the course of five workshops with the input of RHD officials and resulted in the definition of job positions and roles for all organizational units.

Another important issue was the identification and development of operational functions for the health networks and operations offices. According to the mandate from the San Martin

[3] Programa de Acciones Integrales para el Mejoramiento de la Nutrición Infantil.

regional government, RHD responsibilities were to be split between the health networks and the newly created operation offices. Accordingly, the health networks are responsible for health management[4] functions while the operations offices are responsible for carrying out administrative operations[5].The definition of roles and responsibilities for each one of these offices has generated important analytical and managerial efforts to avoid duplication of functions. HP has provided TA to support technical meetings for the harmonization and consolidation of functions and will continue to do so during the next quarter.

Annex 2 contains the specific functions of the directorate of health networks; the structure and function of each organic unit within the network; and the defined functions of each job position.

TA activities related to the design and implementation of the referral and counter-referral system have been rescheduled for the next quarter. Similarly, the designing of activities related to the promotion and prevention work to be executed outdoors is also rescheduled for next quarter. These activities were rescheduled because the San Martin RHD was focused, at that time, on the following:

- San Martin RHD reorganization process;
- Organization of the Health Conclave for the regional health plan;
- Assessment of the Institutional Operational Plan -POI[6] for 2013; and
- Preparation of the 2014 Institutional Operational Plan.

1.1.2 Develop a regulatory framework for the MoH's new stewardship role

This quarter the project continued to assess Unidad Básica de Atención Primaria (UBAP) Jesus María with the use of the PROCAP tool[7] (see Box 1). A potential contribution of this tool is to enable a rapid assessment of the institutions which provide health services by identifying their skills and the areas of improvement related to management.

The project completed the production component of the assessment. However, gaining access to this data proved difficult due to the fact that data on the production of services is

[4] Health management functions involve, for example, the definition of the portfolio of health services to be provided, as well as the definition of referral and counter-referral mechanisms.

[5] Administrative operations involve, for example, preparation of the staff payroll, pharmaceuticals buying process, and staff selection, among others.

[6] Plan operativo institucional.

[7] Stewardship role of the MoH is exerted in the following areas: financing, institutional capacity generation, health care provision, and resource management, among others. Successful monitoring in these areas by the MoH requires that national policies be reflected within public operational units. For this reason, the assessment of institutional performance at the primary care level (UBAP) was deemed necessary. UBAP (Unidad Básica de Atención Primaria) is a first–level-of-care facility that works within EsSalud and served to assess the usefulness of the PROCAP tool.

managed directly by EsSalud, and Jesus Maria UBAP did not have detailed data on the disaggregation level that was needed (production by age and sex).

After a coordination meeting with EsSalud, an agreement was reached to provide the necessary production data. Encouragingly, EsSalud would like to know the results of this evaluation. As expressed by EsSalud, their interest in the evaluation results is based on the following:

a) It will allow EsSalud to know the performance of UBAP through a third party perspective.

b) It will serve to improve the terms of the contract signed by EsSalud and UBAP.

c) EsSalud may be interested in the further use of PROCAP (see Box 1) as a rapid-assessment tool for prospective providers with which they may sign contracts.

This assessment is expected to be completed in the next quarter and could be used in the San Martin region as a new instrument to improve PAIMNI TA.

Box 1. PROCAP
Developed under the Strengthening Health Outcomes through the Private Sector (SHOPS) project, the ProCap Index™ takes a holistic approach to appraising a NGO against 27 indicators measuring three pillars of sustainability: Financial Strength, Programmatic Performance and Organizational Development. After qualitative and quantitative data collection and analysis, the NGO is given a sustainability category (Fragile, Developing, Stable, Strong) based on a composite score indicating its sustainability compared to its nonprofit peers. Data from the ProCap Index™ is used to inform two distinct audiences: the NGO and the donor. Above all, the Index functions as a diagnostic tool for both audiences to indicate areas of strength and areas for improvement that might require TA. From this diagnosis, NGOs and donors alike can begin strategizing on a path towards sustainability. ProCap's three pillars measure different time dimensions of sustainability. The financial strength pillar measures short-term sustainability - all organizations need financial resources in order to continue operations. The programmatic performance pillar measures medium-term sustainability: organizations which perform well and provide effective delivery services are more likely to continue to capture donor support. The organizational development pillar measures long-term sustainability: organizations need to have adaptive capacity in order to adjust to changes in the health marketplace and the donor landscape. ProCap has been applied in eight to ten facilities in Malawi.

1.1.3 Improve capacity of regional and local authorities to effectively and efficiently manage their health systems and programs

The project will work on systematizing methodology for more effective management of regional priorities in the next quarter. Coordination activities that were started with ANGR have been cancelled since the MoH is currently coordinating with ANGR and regional governments through CIGS conferences. The project participates in these meetings;

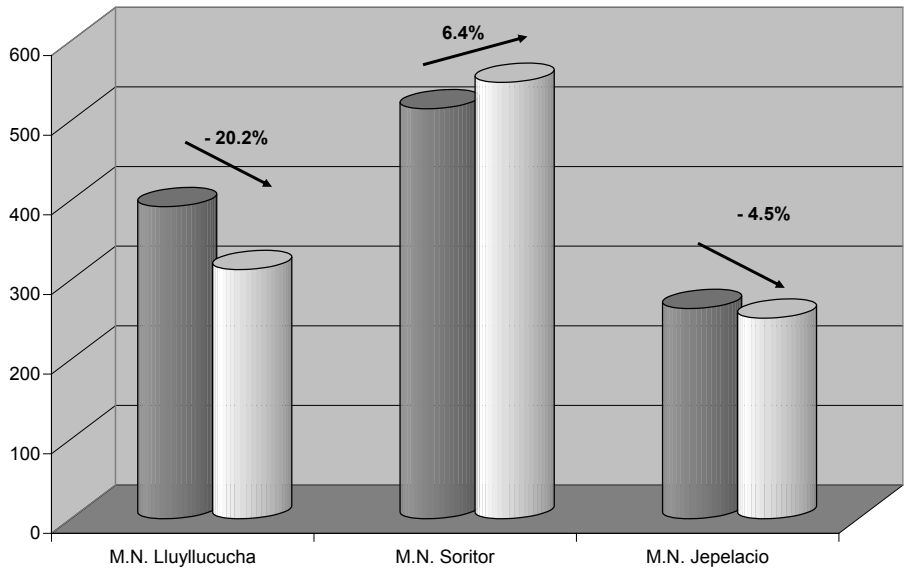
therefore, the project no longer considers it necessary to promote additional coordination spaces.

1.1.4 Continue the decentralization process by extending responsibilities to even lower levels of the political structure

Expansion of Chronic Child Malnutrition (DCI - Desnutrición Crónica Infantil) pilots to the rest of the San Martin region. PAIMNI's operational phase began in October 2012 in the health micro-networks of Soritor, Jepelacio and Llluyllucucha. Between November 2012 and December 2012, San Martin RHD with the project's TA each of these networks performed an initial assessment of each of these networks for describing the status of the supply of health services in issues as: basic health human resources, medical equipment, furniture, instruments and essential documentation[8].

The project provided TA to advance the territorial sectorization process and the ensuing assignment to health staff from the micro-network. Through sectorization, every health provider is responsible for the provision of integral care to the population in the assigned sector within a micro-network. This required collecting data on the number of children under one year and pregnant women the micro-network's assigned area. This data was then entered into the GalenHos Health Information System. After initial registration of the target population in GalenHos database, the data collected by the three health micro-networks is under permanent updating process. The dynamics of the process are shown in table 3.

Figure 2: Children < 5 in three pilot zones for PAIMNI, December 2012 and May 2013.

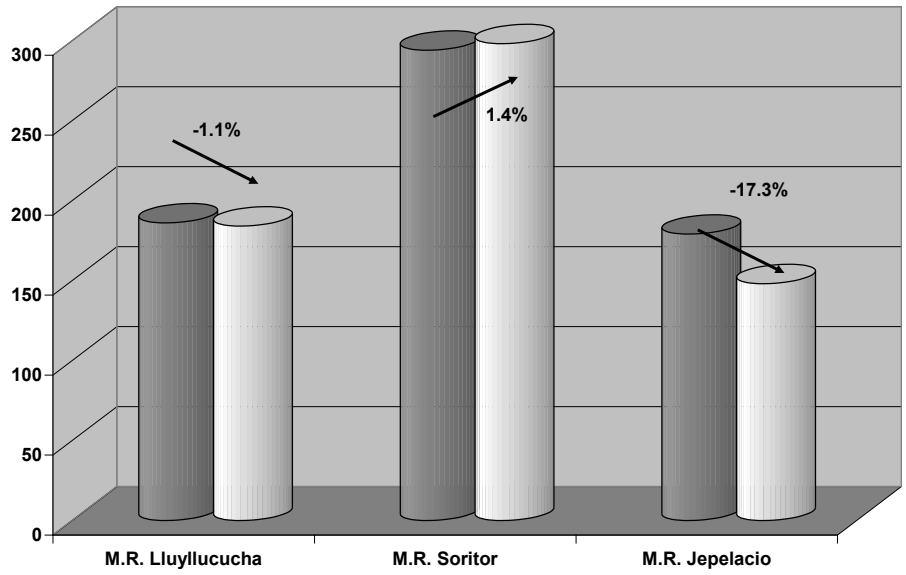


SOURCE: Operational reports generated by micro networks. 2012 and 2013.

[8] However, the expansion of the initiative was not prioritized by the RHD, and partial executions of this qualification process did not lead to a full estimation of gaps to be filled across San Martin health facilities. Follow-up activities will be started in the next quarter.

As shown in this graph, there is a marked decrease in the number of children under one year identified in May 2013 as compared to December 2012 in the Lluyllucucha health micro-network. This is due to harvest time migration in San Martin when migrant families in Soritor tend to temporarily return to their place of origin to harvest their family farms.

Figure 3: Pregnant women in three pilot zones por PAIMNI. December 2012 and May 2013.



SOURCE: Operational reports generated by micro networks. 2012 and 2013.

Upon completion of this stage, the health staff of each micro-network started the longitudinal (individual) follow-up process for children and pregnant women regarding the implementation of the fourteen (14) effective interventions. This follow-up was executed in three workshops. From these workshops, two important needs stood out: the need to strengthen the culture of data registry among the health staff; and the need to continuously refresh the health staff's clinical skills in maternal and child health issues. Regarding data registration improvement, the project's TA will focus specifically on this topic, and the corresponding activities will be executed in the next quarter. In terms of refreshing clinical skills, HP will provide TA to the San Martin RHD to aide in the development of its own agenda for recruiting and training staff in clinical issues.

Starting in April, the PAIMNI expansion process started, targeting ten health networks, 43 health micro-networks and 237 health facilities in 37 prioritized districts, including 915 towns and 142 indigenous communities. The project prepared training modules and organized a workshop with the regional government and PAIMNI officials at the RHD to develop training tools and methodology for use in subsequent workshops with micro-networks. The workshop also underlined PAIMNI strategic, tactical and operational concepts for participants. Also it was agreed to develop workshops explaining the sectorization process, including staff responsibility assignment within health micro-networks. This required explaining in detail each step of the sectorization process in each health micro-network within a pilot network, so as to allow the replication of the process in the rest of networks and their corresponding

micro-networks. From now on, PAIMNI officials in each network are responsible for expanding and consolidating the sectorization and affiliation of target populations to each health facility.

To date, the project has carried out workshops in nine out of ten health networks in San Martin; a workshop for the Moyobamba health network will be held shortly. Participants from Juanjuí and Bellavista took part in a joint workshop with participants from San Martin health network.

Between one and two staff and community leaders from each area governed by a health micro-network participated in the workshops. Additionally, representatives from the health network and a RHD PAIMNI official were present. Operational guidelines were handed over to each of the prioritized health facilities during the training workshops to serve as reference material. Currently, HP is adapting operational guidelines to distribute to participants at workshops scheduled for next quarter to improve skills among health staff. Table 3 shows the dates and locations where workshops were held in nine networks. Figure 4 shows a map of the San Martin region with indications of where the workshops were held.

Table 3: Timetable of workshops executed in San Martin for the expansion of PAIMNI

Network	Place of the training workshop	Date of execution	PAIMNI official in charge	Micro networks involved
Rioja	Bajo Naranjillo	May 2 and 3	Gustavo Grandes Cotrina	Segunda Jerusalen, Yaruyacu, Nueva Cajamarca, San Juan de Rio Soritor and San Fernando.
Moyobamba	Roque	July 4 and 5	Carla Polanco García	Calzada, Jerillo, Yantaló and Pueblo Libre
El Dorado	San Martin de Alao	May 8 and 9	Hilda Cohen Grandes	San José de Sisa and Agua Blanca
San Martin	Chazuta	May 16 and 17	Elmer Tacilla Tocas	Banda de Shilcayo, Tarapoto, Chazuta, Huimbayoc and Papaplaya
Lamas	Tabalosos	May 14 and 15	Soledad Laynes Effio	Cuñumbuqui, Caynarachi, Barranquita, Pacayzapa and Hospital de Lamas
Picota	Leoncio Prado	June 10 and 11	Timoteo Ramírez Raymundo	Picota and Pucacaca
Huallaga	Saposoa	June 6 and 7	Karlota Olórtegui Ludeña	-
Tocache	Puerto Pizana	May 30 and 31	Mónica Tirado Ramírez	Tocache, Nuevo Progreso and Uchiza
Mariscal Cáceres	Chazuta	May 16 and 17	Alicia Risco Mozo	Costa Rica, Campanilla and Huicungo
Bellavista	Chazuta	May 16 and 17	María Clementina Fernandez Manosalva	Bajo Biavo, Alto Biavo and San Pablo-Consuelo

Figure 4: Micronetworks-based workshops held for the expansion of PAIMNI in the San Martin region

The agenda used in each workshop to outline PAIMNI expansion is included in Annex 3.

The project started writing the systematization document on the implementation of PAIMNI in three health micro-networks, including Soritor, Jepelacio and Lluyllucucha. This document describes the underlying reasons for PAIMNI startup, associated activities, methodology and the instruments used; this document also includes experiences from the PAIMNI implementation process.

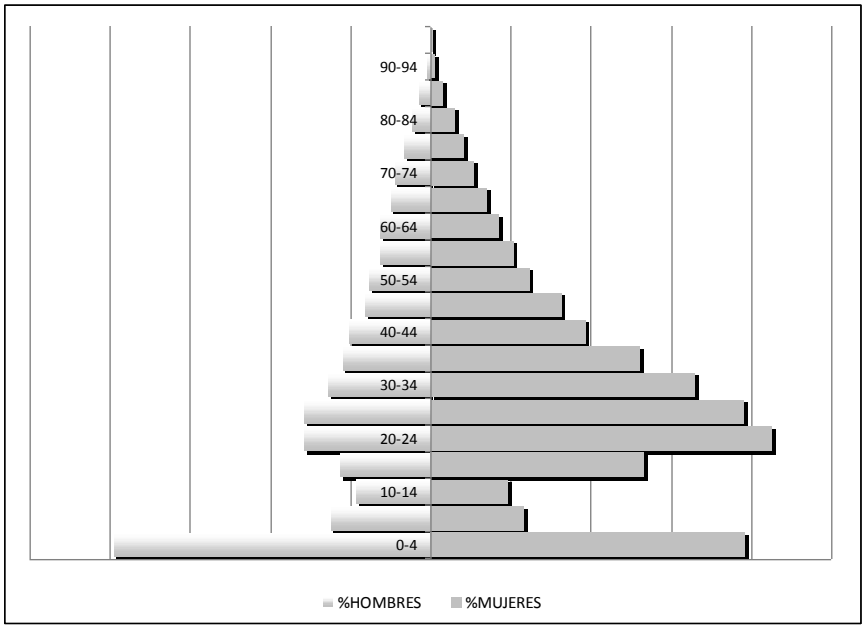
1.1.5 Improve monitoring and reporting of how the health system addresses gender, culture, and stigma and discrimination issues in health

GalenHos has included the registration of an ethnic variable as defined by the National Institute of Development of Andean, Amazonian and Afro-Peruvian Peoples (INDEPA). This information will be used to design stigma and discrimination reports. To this effect, the project has conducted two internal working meetings wherein a set of reports were designed to measure the gender and cultural stigma and discrimination level, if any. The project will proceed to test the usefulness of the reports.

On the other hand, the project's Governance Component and the Health Information Systems Component have started to work together to establish a definition for a group of

indicators centered on health provision monitoring related to gender[9]. In this regard, information on the demand in outpatient care has been processed for the Ayacucho Region in 2010 (see Figure 5). The sex rate shows 36.8% men versus 63.2% women[10] [11], which is largely due to the greater demand of health care from women of reproductive age. Obstetrical and gynecological care account for approximately 30% of the global demand for hospital outpatient care. When this figure is added to the amount of care provided to children under 5, the demand for this particular group rises to 48.3%. This figure reveals that Ayacucho Regional Hospital has a distinctive maternal-child profile and does not resemble a regional reference hospital. It also shows the need for improvements in operational capacity, which other public facilities need as well, including the need to invest in the creation of intermediate complexity facilities. Regarding other specialties, the surgical care category shows 52.9% for men versus 47.1% for women. In pediatrics, the male index is 50.3% for men vs. 49.7% for women. In general, the demand for outpatient care is broken down into 41.7% men vs. 58.3% women.

Figure 5. Demographic composition of the patients that demand outpatient care in Ayacucho Regional Hospital. 2010. (information generated through GalenHos reports)



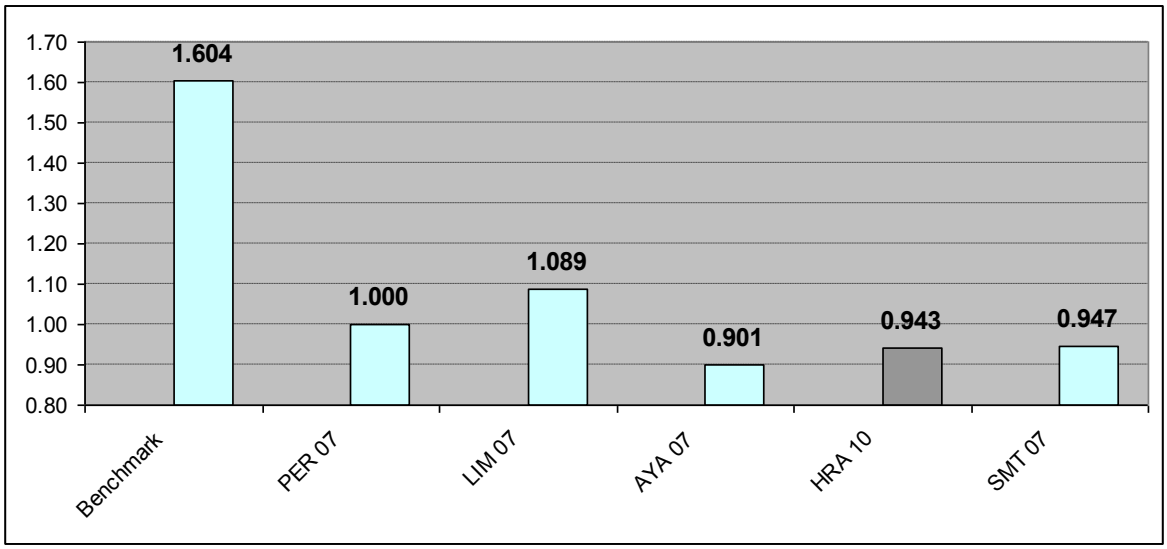
[9] For example, disaggregated indicators for children by gender include the following: number of children over one month to less than seven months with two or more CRED controls until their first month of life; total number of children older than one month and less than seven months seen in the facilities; number of children over one month to less than seven months with one or more complications (PPR 2.21) in their first month of life.

[10] At the time of this report's preparation, there is no processed data on the provision of outpatient care in Ayacucho health facilities from the first level of care. In a similar way, there is no information available for San Martin health facilities from the first level of care, although data will be generated after the execution of the IT strengthening initiative, to be funded through USAID.

[11] The index has been estimated using the nominal identification of each health facilities user, as registered within GalenHos database.

Regarding discrimination issues, the project started to regularly collect information to generate the Human Development Index (HDI) as a proxy for global deprivation levels observed in the population that demanded hospital care in Ayacucho Regional Hospital. If the Peruvian HDI average for 2007 is taken as the relative reference unit, with indices higher than 1 revealing more development and less than 1 revealing less development and higher deprivation, then the population served at the Ayacucho Regional Hospital has, overall, a HDI of 0.943 (range: 0.9304 – 0.948)[12] for 2013.

Figure 6. HDI for Ayacucho Regional Hospital (HRA) population compared to other locations (information generated through GalenHos reports)



1.1.6 Strengthen intergovernmental coordination mechanisms for health policy

In June 20-21, the project participated in the XII Ordinary Meeting held in Lima as part of its TA to CIGS monitoring. The project provided information on financing, investment and health information system topics, as detailed below:

- Health financing: Information on the financial flows and structure of the Budget By Results program.
- Health investment: Characteristics of the multiannual investment plan (PMI).
- Health information systems: Basic features of GalenHos as an IT solution that can improve health data management within the hospital and across public hospitals.

[12] In absolute terms, Peruvian HDI has been estimated at 0.6234 in 2007. This is the latest year for which there is full availability of HDI for every Peruvian district. The use of a relative index standardized on the Peruvian average makes it easier to assess the level of deprivation of any particular district in the country.

The general purpose of this meeting was to share the main issues included within the MoH health reform proposal with regional representatives. In particular, a key message was that the MoH looked after the protection of the Peruvian population keeping in mind three types of coverage: financial coverage, health coverage and population coverage. In addition to this protection, which is mainly centered on the individual, MoH proposed strengthening its role as the main authority in charge of regulating, financing and providing public health services. MoH officers informed participants that this would involve organizational changes to align these objectives with the corresponding MoH structure. Agreements arrived in this meeting can be seen in Annex 4 (Agreements Act XIII CIGS June 2013).

Participants agreed on the following:

1. Supporting the health reform process, as well as strengthening the national rectory of the MoH and the RHDs as the regional health authorities.
2. Endorsing a public recognition to the Minister of Health, Ms. Midori de Habich Rospigliosi, for her leadership in the health reform process and in achieving compliance of intergovernmental agreements on health policy priorities.

1.1.7 Create mechanisms through which local authorities encourage and receive civil society input into the process of health care planning, budgeting, management, service provision and oversight

Definition of a Participatory Regional Health Plan (PRHP): San Martin regional government and top management officials from San Martin RHD decided to formulate a regional health plan for the San Martín region for the period 2013-2018. To achieve its goal, San Martin RHD requested TA from the project in designing the plan. Accordingly, the project helped San Martin RHD to identify relevant milestones regarding the execution of this agenda:

1. The formation of a task force for the PRHP.
2. The definition of health priorities from the perspective of health bidders.
3. Prioritization of health problems on a public consultation.
4. Strategic formulation of a coordinated health plan.
5. The approval of the PRHP and its corresponding implementation and monitoring process.

The PRHP is a participatory process in nature, involving institutions and individual citizens towards the definition of health priorities. The PRHP task force was formed in April and included various officials from the San Martin RHD:

- Deputy Director of San Martin RHD
- Executive managers of San Martin RHD
- Network managers of San Martin RHD

- Operation managers of San Martin RHD
- Officials from the planning and budgeting office of the Regional Government

This group proceeded to collect and update data regarding the health situation in San Martin (Análisis de Situación de Salud – ASIS), identifying a large ensemble of health problems, including diseases and their determinants, as well as the status of health services. With its findings, the tastk force consulted with the public to establish health priorities. Based on task force findings and public input, the PRHP, which will be implemented by GORESAM, will be holistic in scope, involving prevention and promotion of interventions to supplement recovery and rehabilitation care.

The consultation was deployed during the Health Conclave on May 24 in Lamas. The ombudsman and "Transparency" provided oversight on the accuracy of the votation executed during the meeting. Results of the consultation reconfirmed the priority given to malnutrition, as well as maternal mortality, dengue, cervical cancer and perinatal mortality (see Table 4 and Annex 5).

Table 4. Voting results during San Martin Health Conclave for the PRHP, June 2013

High prevalence of Child Chronic Malnutrition	195	28.59
Increased rate of maternal mortality	173	25.37
Increased incidence of metaxenic diseases: Dengue	89	13.05
Increased prevalence of chronic and degenerative diseases: cervical cancer	69	10.12
Increased perinatal mortality	45	6.60
Increased incidence of Sexually Transmitted Diseases: HIV	43	6.30
High prevalence of oral diseases	26	3.81
High prevalence of infectious diseases: TB	20	2.93
Increase in the prevalence of chronic and degenerative diseases: breast cancer	20	2.93
Increased incidence of metaxenic diseases: Leishmaniasis	2	0.29

1.3 Develop and implement national and regional plans to monitor compliance with regulations and standards governing the health sector.

1.3.1 Increase monitoring and enforcement of governing regulations and standards in the health sector by regional authorities.

The project is currently preparing a report on the quaification of health facilities linked to PAIMNI service provision in San Martin. The first monitoring report is expected to be presented to the RHD during the next quarter. The sequence of activities to monitor the qualification status of health facilities is shown in the following table:

Table 5. Activities for monitoring the status of health facilities (qualification) in 2013

ACTIVITIES	Q1-2013	Q2-2013	Q3-2013	Q4-2013	Q1-2014
Validation of tools (quantitative and qualitative checklists)	X				
Training health staff in application of checklists		X			
First application of checklists (in office*)			X		
Assessment of health facilities qualification (in the field)			X		
Identification of deficiencies, limitations and solutions				X	
Work plan formulation to address the gaps identified				X	
Execution of the monitoring phase of the work plan				X	X
Expected official qualification of health facilities					X

* Partial application (no report available)

2. Health Sector Financing and Insurance

2.1 Improve health coverage of poor and vulnerable populations

2.1.1 Ensure health sector resources (regardless of source) are complementary to promote equitable access to health services

During this quarter, the project provided TA to the MoH and the Health Insurance Authority (Seguro Integral de Salud – SIS) in updating the content of the Essential Health Insurance Plan (PEAS). The current administration decided to update PEAS because it has not been updated since before 2011. To support the administration, the project provided the relevant information regarding the design of the health package with TA from Promoviendo Alianzas y Estrategias - PRAES and Health Systems 20/20 - HS 20/20 projects. Additionally, the project has been providing technical insights to the MoH's task force in charge of the PEAS update process underway and will continue until its completion, which is expected in the next quarter. After that, the project will propose that MoH formalize a regular PEAS upgrade committee to guide this process every two years in accordance with legal requirements.

The project also increased TA to the MoH this quarter as a result of a MoH formal request for project staff to act as advisers to the National Health Council's Insurance and Financing Committee as it prepares a health reform document. Although regular members of the committee were responsible for drafting the health reform proposal, the project assisted the committee by checking the technical consistency of the document.

In addition, project TA involved providing support to identify and propose key measures to achieve policy objectives linked to the reform proposal. In the case of the Insurance Committee, the challenge was how to achieve universal health coverage with an Essential Health Insurance Plan (PEAS). In the case of the Finance Committee, the challenge was how to ensure corresponding financial protection. These reform topics have been widely studied previously: "The World Health Report 2010 - Health systems financing: the path to universal coverage" was particularly helpful in advancing the technical discussion.[13]

The project carried out the following activities to support the CNS:

Main activities that we executed in this issue were:

- Participation in preparatory technical meetings with MoH officials to develop the proposal
- Participation in regular meetings convened by the Secretaría de Coordinación del Consejo Nacional de Salud – SECCOR, with an expanded group of representatives from the CNS

[13] http://www.who.int/whr/2010/en/

- Participation in macro-regional meetings (Central, North and South) in Chiclayo, Lima and Arequipa to receive suggestions and contributions from regional health councils, as well as regional health authorities and citizens.
- Participation in meetings to present achievements to national counsellors and senior management of the MoH
- Critical revision of the different proposals, providing technical feedback and drafting additional proposals for elements considered critical to the attainment of the goal

Through its role as an advisor, the project also worked on increasing population coverage, which will be reported in Section 2.1.3, with respect to small and micro enterprise-oriented insurance in particular.

Regarding the finance committee, the reform document proposed the enforcement of the law for public health insurance finance[14]. More specifically, the law stipulates the following:

1. Taking into consideration the Ministry of Finance's (MoF) Multi Annual Macroeconomic Plan (PMM) and the estimated cost of the PEAS insurance prime, which is based on an actuarial study, the National Universal Insurance Commission (CONAUS) will define the target population to be insured. The definition of the level of financing in this way will be explicit.
2. In order to reduce fragmentation in health system financing, the MoH has proposed that the Seguro Integral de Salud - SIS will progressively become the financial operator of the system within the institutional context of results-based budgeting as defined by the MoF.
3. In order to improve the efficiency of public spending, the government will implement new mechanisms of payment for health services providers. Per capita payment for first-level facilities and case-mix grouping for hospital payments were selected.

This implies that the funds allocated to the SIS will support the budget's upward trend (as seen in Table 5). This change not only ensures that the mandate is going to be funded for subsidized public insurance, including PEAS, but serves to monitor the allocation of resources from SIS to the provider level and makes its use more transparent.

On June 6, the International Seminar on Health Reform took place with the participation of international health reform experts. During the seminar, the Minister of Health presented her main ideas on the reform proposal, and the preliminary health reform document was distributed. This document included the contributions made by the Insurance and Finance Committees.

The Executive will ask the Congress of the Republic to grant legislation faculties to the MoH to define the normative changes needed to be made to implement the reform proposal. The

[14] Law 29761. Ley de Financiamiento Público de los Regínemes Subsidiado y Semicontributivo del Aseguramiento Universal en Salud.

project will continue to provide TA to the MoH if such legislation faculties are passed by the Congress. Passage would present a unique opportunity to provide specialized and updated TA on financing, insurance and investment topics to the MoH. The project's recent experience in deploying technical agendas related to health financing in San Martin and other regions will certainly factor into TA provided to the MoH.

2.1.2 Enhance financing and health insurance coverage through implementation and scale-up of pilot programs for providing universal access to a basic health care package.

As reported in the last quarter, pilot programs for providing universal access to a basic health care package were scaled up to the national level. As a result, two main characteristics of pilot programs were also scaled up:

1. Signing agreements by SIS and Regions including the monitoring of key health indicators; and
2. Implementing prospective payments (e.g. reimbursement) for services.

This year, the SIS has signed management agreements and made a payment in advance for the provision of services in all regions. This was possible partly because the SIS has significantly increased its budget in 2013 as evidenced in Table 5:

Table 5. SIS budget. 2008 – 2013 (in millions)

2008	2009	2010	2011	2012	2013
426	440	498	529	572	945

SOURCE: Consulta Amigable, 29 May 2013 (www.mef.gob.pe)

If this trend continues, it may reflect the success of the reform proposal in reducing fragmentation of health financing by making the SIS the main financial operator of the public system. Since this change will be gradual, one sustainable approach for its implementation is the direction of all health-related additional funding through the SIS.

2.1.3 Design and implement the policies and mechanisms required for insurance coverage of populations employed in small and micro enterprises.

The second line of work in which the project provided TA to the Insurance Committee of the CNS was related to the goal of increasing health insurance coverage. Accordingly, one focus of improvements in insurance coverage concerned the population employed in micro enterprises which are enrolled in the Nuevo Régimen Único Simplificado (NRUS)[15]. The project provided financial information from the subsidized regime, including PEAS costing and prime estimation, that served to advance the definition of incentives for NRUS

[15] NRUS is a simplified scheme for paying taxes for small and micro enterprises.

population coverage. Simultaneously, the SIS has started to implement and administer NRUS-oriented health insurance. The proposal that has been advanced is summarized in the following table:

Table 6. Main characteristics considered in the design of expanded health insurance coverage (SIS) to small and micro enterprises (NRUS)

Target population	Small and micro-enterprises, workers and family members (right holders)
Requirements	Micro enterprise requires to be registered in REMYPE-MINTRA, as category one (monthly revenues under NS/ 5,000) Three previous payments have to be accredited before effective use of health insurance coverage Workers and rights holders must also be registered Identification document (DNI)
Fee	S/15 single monthly payment; (Payment by the employer)
Type and place of affiliate	REMYPE sends SIS a list of people amenable to be affiliated under this modality

Data related to the number of potential affiliates is not available. Since the health policy objective has been already attained, the project will redirect its focus toward monitoring the implementation of this initiative.

2.1.4 Develop long-term plans for resources needed based on estimations of costs as insurance coverage expands and are based on the changing disease profile of the country (i.e. burden of disease).

In April 2013, the SIS was about to begin its “Actuarial Study of Subsidized and Semi Subsidized Insurance of the Integral Health Insurance (SIS)", which is a component of the loan agreement between the Inter-American Development Bank (IDB) and Peru. The aim of the study is to support SIS budget requirements in coming years under the new benefit plan sponsored by the MoH under PEAS. The study will establish demographic, financial and actuarial parameters needed to estimate an adequate level of financial resources for health providers to provide financially solvent health care to the prioritized population, including the poor and extremely poor. The project will provide technical feedback on the monitoring process of the execution of this consultancy, since this process will provide key technical inputs for the definition of the financial component in a long-term plan for sustaining the universal health insurance policy.

2.2 Ensure efficiency and equity in health resource allocation

2.2.1 Design and implement a system for results-based budgeting, to be utilized by national and sub-national health authorities

During this quarter, the project started the regular publication of health budget execution analysis at the national and regional level. A first analysis has been posted on the project website, and the project is planning to post subsequent analysis on a quarterly basis (see Annex 6).

In the analysis, a distinction was made between current and investment spending in the budget. Generally speaking, there are no problems in the execution of the current component of spending[16]. On the contrary, regions face serious difficulties in the execution of investment funds. Figure 6 classifies regions according to their ability to execute their investment budgets. Some of the limitations are related to the technical skills required for effectively performing each stage of the investment process, which includes preparation of the profile, preparation of the investment definite studies, equipment acquisition, and infrastructure construction. The project expects that information and analysis produced will serve to improve technical capabilities across investment management units in Peru.

Figure 6. Performance of regional governments in the execution of health investment funds, 2013 quarter I

	Incrementaron nivel de inversiones	Disminuyeron nivel de inversiones
Mayor capacidad de ejecución de recursos de inversión	Apurimac, Arequipa, Cajamarca, Cusco, Huancavelica, Huánuco, Ica, Junín, Moquegua, Pasco, Puno, San Martín, Lima, Callao	Piura, Tumbes
Menor capacidad de ejecución de recursos de inversión	Ancash	Amazonas, Ayacucho, La Libertad, Lambayeque, Loreto, Madre de Dios, Tacna, Ucayali

Source: Prepared by the project based on: Consulta Amigable with information available to June 2013 (www.mef.gob.pe)

Regarding the results-based budget, during this quarter there was no further progress in the activities of the commission in charge of the revision process for results-based budgeting because the MoH decided not to create any new results-based programs for 2014. However, the MoH had a positive opinion on the creation of a School Health Program[17] and its financing mechanisms. Funding for this program is channeled through the SIS. This issue is relevant since the SIS has stated within their capitation agreements that health results must be attained by providers before a full disbursement of funds. Through this

[16] Current spending is associated with the regular execution of the following items: salary (including pensions), public services fees, and maintenance services.

[17] Law N° 30021, "Ley de promoción de la alimentación saludable para niños y niñas y adolescentes".

approach, there is a combination of a results-based budget with results-based management at the provider level.

The project has participated as a member of the monitoring group within the Maternal Neonatal Health (SMN) budgetary program but has been less active in the Roundtable for Poverty Reduction (MCLCP), since the issues discussed have a more clinical profile.

The project is providing TA to MIDIS but has decreased its intensity at the central level because the objectives have been achieved, including securing financing for longitudinal tracking of effective interventions to reduce chronic child malnutrition. However, the project exchanges information with MIDIS officials in San Martin region centered on the execution of PAIMNI.

2.2.2 Assess the current system for financing health service provision under decentralization and universal health insurance.

The project developed in 2011 a series of studies that assess the current system for financing health service provision under descentralization and universal health insurance, for dissemination and discussion purposes[18]. Currently, the project monitors and tracks programming and use of the public health budget.

During this quarter, the project made significant advances in the programming of the 2014 regional budget. The preparation of the Institutional Operating Plan (POI) in the San Martin region was particularly important as it directly links the health services production and the budget programming processes and maintains a balanced and consistent budget.

It should be recalled from the past year's experience that although the formal submission of budgetary and production information from health regional authorities (RHD) to the regional government was in line with the 2013 budgetary timetable, timely submission did not make up for cost data gaps. For this reason, health authorities requested that the project continue work on the development of operational plans for 2014. Currently, the project is developing a quick review of previous POI, incorporating:

- Standardization of POI activities;
- Identifying and using available cost data associated with POI activities; and
- Link POI to the functional structure defined in Sistema Integrado de Administración Financiera (SIAF)[19].

[18] See www.politicasensalud.org/site section: "Dialogos sobre la Reforma del Financiamiento de Salud".

[19] SIAF is a software developed by the MoF for monitoring the execution of the public budget.

Sources of cost data are specific PAIMNI costing studies associated with two budgetary programs, articulated nutritional program (PAN) and SMN); Asegura software and its costing data from PEAS (last revision); and the Panamerican Health Organization (PAHO) cost study for health promotion activities. Details of this effort are presented in Annex 7.

The project's TA in the preparation of POIs has proved to be a very important managerial tool rather than a bureaucratic document. Work done with San Martin data allowed the project to collect lessons to improve[20] the articulation between the operational and the budgetary processes, and propose a general methodology of standardized steps that could be extended for the benefit of other regions. To date, the process has proven to be useful in setting the basis for subsequent design and implementation of innovative payment mechanisms.

The project reached a significant milestone with the approval of a rule for the development of POIs in San Martin region. Its implementation will allow the alignment of health production goals with the corresponding financing.

2.2.3 Develop payment methods and resource allocation models based on the health needs in different regions, corresponding to healthcare provided (in terms of the nature, quantity and quality of care), and to appropriate improvements in infrastructure and equipment.

Developing payment methods has a number of prerequisites in terms of information on costing and provision. The project is working on the improvement of current available data through the formulation of POIs, since these plans link cost data with activities.

These activities contributed to linking cost information and the activities associated to target groups; given this, it is possible to define financial arrangements according to criteria such as age or other vulnerability definitions. It is also possible to derive aggregate costs for the integral management of each of these groups. This framework represents a first approach to studying these relationships in order to simulate more efficient arrangements in the design of payment mechanisms to providers. Additionally, this framework allows factoring in adjustments to the average cost, when necessary.

Specifically, this framework helps to estimate per capita costs according to population groups in health networks services (outpatient care) and at the regional hospital (hospital services) level. For instance, costs associated with the PAN budget program, divided by the number of children, provide relevant information about payment for each child protected. In a similar way, there is information regarding costs for each protected pregnant woman as part of the SMN budget program.

During this quarter, the project successfully ended the initial stage of TA to the MoH regarding implementation of strategic health facilities, reflected by the closure of the investment planning cycle in all regions of the country, including metropolitan Lima and Callao.

[20] Lessons learned are under processing and will be documented in the next report.

Results of the planning projections are shown in Table 7. At the end of the implementation period (2016-2017), strategic health facilities will show a strengthened operational capacity, including infrastructure and equipment, in accordance with the policy for the extension of universal health coverage, as follows:

- The supply of medium-complexity hospitals (i.e. local hospitals) will be increased by 121%;
- The supply of strengthened facilities at the first level of care (i.e. health centers with limited inpatient and basic specialized medical care) will be increased by 45%; and
- The supply of health centers without inpatient capacity will be reduced by 63%.

These changes are expected to improve access to health services for the population living within a four hour radius; in the planning exercise this was estimated to be about 80% of each area's population. Details of these plans by region are included in Annex 8.

Table 7: Expected trends of capacity response after investment in strategic facilities.

Type of health facility	Current Response capacity (Number of facilities)	Expected Response capacity (Number of fatilities)	Variation (%)
Local Hospitals (II-E; II-1)	77	170	+ 121%
Health centers with limited inpatient capacity (I-4)	303	440	+ 45%
Health centers without inpatient capacity (I-3)	368	138	- 63%

The process will start by augmenting the number of prioritized local hospitals to 170 and subsequently will extend to health centers with limited inpatient capacity. In order to achieve this, the project will provide TA to estimulate close coordination between the regional government and local governments through the Intergovernmental Regional Committee on Health Investments (CRIIS).

The goal of reengineering of the investment cycle process is to reduce the time needed by more than 50%, specifically from 6-7 years down to 2-3 years. Accordingly, the development phase of the investment profile should last between 3-5 months; the technical study phase related should last between 4-6 months; and the execution phase (infrastructure and equipment) should last between 10 and 18 months, as outlined in Table 8.

Table 8: Proposal for the reduction in duration of the phases of the investment cycle

Phase	Estimated time (months)	Actual time (months)
Profile	3 - 5	12 - 18
Technical file	4 - 6	16 - 20
Work and equipment	10 - 18	20 – 30
Administration time between phases	7 - 8	12 – 16
Total	**24 - 36**	**60 – 84**

One component of the reengineering process stems from the MoH decision to keep the formulation of definitive studies, including profile and technical file, at the national level, joining together the capacities of three units: General Office of Planning and Budget (OGPP), General Direction of Infrastructure, Equipment and Maintenance (DGIEM), and the Support Program for Health Reform (PARSalud). The MoH will also create a central coordination body within the Investment Project Office (OPI). The project will provide permanent and customized TA to the MoH and its IPO.

As a result of the project's technical guidance, the MoH has greatly expanded staffing of investment-related units in order to provide effective TA to regional teams and to promote standardization of the formulation and evaluation methodology. These tasks are oriented to reduce the time required to ensure the internal consistency of the investment technical studies.

This quarter, the project's TA to the MoH has focused on the development of investment profiles based on the Regulation on the Minimal Specific Contents for investments N° 012 (CSM 012), which was approved by the MoF. Between late January and late April 2013, regional governments started making new profiles and declaring them viable before formally issuing the CME 012. Fifty-five investments profiles have been declared viable by regional governments in June, and more investment profiles are expected to be finished in August. The experience with this first group validates the idea that it is possible to reduce the formulation phase of profiles to 3-5 months, which is what the project proposed through TA.

By the end of June, eight profiles for strategic health facilities were declared viable by the MoF; it should be noted, however, that seven of these are from the San Martín region. This decision represents the first formal step by the MoF to pave the way for increasing investments over US $200 million (NS 560.5 million). Of these funds, over US $37 million (NS 104.1 million) will be spent in the second half of 2013 by the MoH. From these funds, approximately 70% are oriented toward investments in San Martin (see table below). During this year, around US $25 million will be spent in San Martin as shown in Table 8.

Table 8. Category projections and budget requirements for eight public investment projects (PIP)

Health facilities	Region	Category projection	Total budget requirements	Budget requirements 2013
Tocache Hospital	San Martín	II-1 Quirúrgico	S/. 92,201,426	S/. 13,883,194
Rioja Hospital	San Martín	II-1 Quirúrgico	S/. 84,541,136	S/. 16,503,689
Bellavista Hospital	San Martín	II-E Quirúrgico	S/. 75,201,338	S/. 13,850,567
Saposoa Hospital	San Martín	II-E No Quirúrgico	S/. 42,990,348	S/. 9,314,479
San José de Sisa Hospital	San Martín	II-E No Quirúrgico	S/. 39,524,580	S/. 6,376,424
Picota Hospital	San Martín	II-E No Quirúrgico	S/. 37,677,855	S/. 5,998,917
Jerillo Health Center	San Martín	I-4 No Quirúrgico	S/. 19,004,464	S/. 3,147,634
Moquegua Hospital	Moquegua	II-2 Quirúrgico	S/. 169,354,640	S/. 35,000,000
Total			**S/. 560,495,787**	**S/. 104,074,904**

3. Health Information

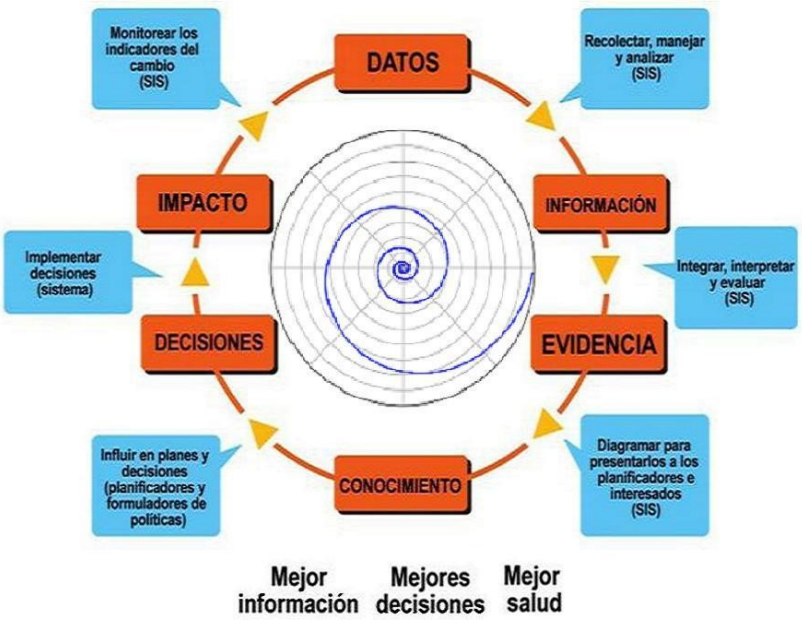
3.1 Strengthen the capacity to collect, analyze and use data in the health sector

3.1.1 Promote the use of information in decision making at national, regional and local levels, especially with respect to health service provision, policy making and oversight of new initiatives

With respect to this sub-activity, the project has achieved progress at the national as well as regional level over the quarter.

TA to the Information Committee of the CNS: The Peruvian Health Sector Yearbook has been approved by the CNS Information Committee, and it will be published by the MoH (see Annex 9). Project TA has aided in defining the methodological steps to facilitate yearly updates of the yearbook. Additionally, project staff participated in regular meetings of the CNS Information Committee to present the framework for National Systems of Information, which was prepared by the World Health Organization's (WHO) Health Metrics Network (HMN). The WHO model is based on a cycle of continuous improvement:

Figure 7. HMN framework for Health Information Systems.



This model was presented to the CNS Information Committee to provide an analytical framework to be used in preparing recommendations on the reform of the Peruvian health information system.

At the regional level, the project contributed to the design of an IT tool for longitudinal follow. The prototype of the IT tool is being tested and is linked to GalenHos for data entry. Three basic functional requirements have been defined for this tool:

- Identification and integration of data for children (newborn, before and after DNI is given)
- Process indicators for monitoring
- Outcome indicators for monitoring

During this quarter, the functional requirements, listed above, have been worked on in two ways:

1. In the local management application (GalenHos)
2. In the design of the business intelligence application, at RHD level (Datamart)[21].

Regarding the first point, a general information model has been designed to support the overall longitudinal follow up of health programs, based on key information entities (see Annex 10). Among them, one entity is related to the individual information subject to longitudinal follow up as it relates to a health program; another entity is related to the program to be monitored, including the variables to be controlled (linked to the process of defining monitoring plans). Finally, there are two entities that register the actions already executed and measure the variables related to the results achieved. This design allows the local level to have information regarding individuals and target groups, providing alerts that help decision making for improving health status. Currently, the project has started the module development within GalenHos and will continue the task over the next quarter.

Regarding the second point, the project is continuing to review indicators proposed for the assessment of PAN and SMN in close coordination with the Ministry of Social Inclusion and Development (MIDIS). Based on this technical dialogue, the project team has proceeded to create and/or modify the operational definitions of indicators (See Annex 11 and Annex 12). Currently, GalenHos database is being tested so as to allow the generation of this set of indicators for both the local and aggregate level (i.e. GalenHos Datamart). GalenHos Datamart is expected to be released for testing purposes next quarter.

3.1.2 Improve data collection methods.

During the quarter, the project continued to improve the methods of data collection through the following activities.

Progress in the development of the module for maternal health care - Based on the information requirements analysis developed last quarter, this module is a component of the

[21] This tool will allow the consolidation of data from diverse local databases from health facilities into a centralized database at the regional level. This will allow the use of information for analysis and health monitoring purposes. It will also help to facilitate decision making at the RHD through the preparation of balanced score cards, if top officials prioritize the use of the datamart for this purpose.

longitudinal follow up to be tracked by GalenHos[22]. The design has been completed and the software programming is currently under development.

Monitoring the progress of PAIMNI districts infrastructure - During this quarter, the project continued to provide TA for the implementation of GalenHos as a means to simplify data collection regarding child malnutrition and monitor the progress of other public health programs (see Annex 13). GalenHos is currently being implemented in 83 public facilities, 66 primary care facilities, and 17 hospitals in five RHDs. Agreements have been signed by the project and three additional RHDs, and implementation activities in these locations are expected to start next quarter with the project's TA. In San Martin, technical staff from both the San Martin RHD and GORESAM is currently refining the information needed to define statements of work (SOW), which are required for suppliers to prepare their technical and economic proposals for the purchasing of PCs and servers.

Development of Online Patient Scheduling Module – The project is developing this module to simplify data registration related to patient scheduling in hospital facilities[23]. This quarter the project has finished the processes involved and the user interface, and the following improvements were instituted:

- Completion of importing procedures from GalenHos database (tables of patients, doctors, services and date schedules)
- Testing of the application on a test server and the operation of the website
- Testing of the application to be compliant with the use of barcodes for fast identification of schedules

Progress in the Development of the Referral and Counter-referral Module - During the last quarter, the project trained Ayacucho RHD[24] staff on technical standards to be used for GalenHos programming. Ayacucho RHD promoted work meetings for further analysis of this module for future development. However, in May there was a change in RHD staff: a new chief of statistics and informatics as well as a new head of the Office of Health Services at the RHD have been appointed. This has delayed the development of the module. To date, the new officials have been informed by RHD informatics staff about the agreement with the project and the need to resume technical activities related to the development of the module[25].

[22] This module is based on a general approach for the local longitudinal monitoring of different conditions. It will also exchange information with other systems, including SIP2000.

[23] This module will be most useful for hospitals that have an adequate connection to internet. When finished, the module will be presented to San Martin RHD authorities so as to assess the feasibility of its implementation in regional public hospitals.

[24] Through a collaboration that Ayacucho RHD offered, they assumed the responsibility to develop the referral and counter-referral module.

[25] High turnover of key technical officials in Ayacucho RHD has forced the project to start coordinating with the San Martin RHD in order to have an additional perspective on the design and development of the module.

Development of Data Export Routines - During this quarter, the project resumed coordination with the National Superintendence of Health (SUNASA). This collaboration contributed to SUNASA's definition of a data frame required to export GalenHos data. The project will work on this dataframe over the next quarter (see Annex 14).

Additionally, Cajamarca Regional Hospital has continued using the data export routine for MoH HIS (intramural health data). Data exported from GalenHos has been generated without major problems, in compliance with MoH HIS requirements.

3.1.3 Monitor and evaluate the quality of health services and programs as guaranteed under universal health insurance law in no less than one priority region.

The use of standardized data by health facilities to document the compliance of standards of care is a requirement for monitoring and evaluating the quality of health services[26]. One of the most important parts of compliance is the use and registration of standardized medical procedures. The project supported the following related activities during this quarter.

Refreshment of the normalization process of Current Procedural Terminology (CPT) codes to be used in PEAS. During the quarter, the project has continued the update of CPT codes used in PEAS as required by the revision process of PEAS by the MoH. The CPT version used corresponds to 2010, and the project has been able to facilitate previous documentation done in this field to shorten the workload required to advance this technical issue.

Review Process of CPT codes employed in the Unique Forms of Attention (FUAs) SIS and its equivalents to 2004 and 2010 versions of CPT, for operability purposes of GalenHos-SIS module. Although CPT 2004 is still the MoH standard for medical procedures reporting, SIS is currently using the 2000 version of CPT. However, both editions are obsolete and need to be updated to the 2010 version. Over the quarter, the project developed a methodology for setting an equivalence table between versions and registering in GalenHos, given that GalenHos will employ the CPT 2010 procedure codes. The methodology for standardization involves the following actions:

- Preparation of a master chart with the main attributes of the medical procedure, including creation date, modification date and discharge date. Having this chart available in GalenHos and other HIS application will make a rapid transition from the 2000 and 2004 versions to the 2010 version more feasible. Health data on medical procedures will not be lost due to the comprehensive character of the chart.

- Update the denomination of the main medical procedures used by the SIS from the 2000 to the 2010 version. After the project's statistical analysis of the SIS database, it has been determined that following the Pareto principle, it will be necessary to update the denomination of 340 out of approximately 5,000 CPT codes that SIS has (Annex 15).

[26] The PEAS benefit plan is another relevant source for the definition of monitoring indicators in quality of health services. The joint use of this plan as well as health data standards will be incorporated into a set of GalenHos quality-of-service reports to be developed starting next quarter.

This result shows that the SIS upgrade of its medical procedure catalogue to the latest version of the CPT is feasible in the very short term. SUNASA has expressed its interest in expanding this experience to EsSalud as well as the military and policy health institutions for use as a standard throughout the Peruvian health sector.

3.1.4 Streamline and improve the HIS as a whole so that needed information at all levels is cohesive, avoids duplication and is produced efficiently.

During this quarter, the implementation of SIS data requirements[27] within GalenHos has continued. During this period, project staff worked closely with SIS IT staff to make technical revisions and improvements to implement all requirements of SIS within GalenHos. The progress of this process can be summarized as follows:

- Introduction within GalenHos of the consistency rules that SIS uses to limit the rate of reimbursement refusals by SIS by improving the quality of data registration.
- Issuing the FUA form from GalenHos to reduce paperwork for physicians.
- Import routines for SIS patient data to GalenHos to reduce double and inaccurate data entry.
- FUA form data is exported from GalenHos electronically to the SIS central application to support electronic-based record keeping and transactions rather than paper-based.
- SIS reports have been fully developed within GalenHos and are fully compliant with the standards set by SIS.

Through these changes, GalenHos will internalize all the functionalities of the SIS forms IT application (ARFSIS)[28]. This is expected to occur over the next quarter.

3.1.5 Support the implementation of regional action plans for the improvement of the performance of the regional HIS.

During this period, the project supported the following developments:

(A) key-data consolidation routines:

Progress in the development and validation of GalenHos-SIS module – The development of the integration routine of SIS procedures within GalenHos was finished this quarter. Currently, the project is testing these developments jointly with SIS staff.

Progress in the development and validation of GalenHos-HIS module - Over the quarter, the project tested the exporting routine of HIS data in Cajamarca and Tumbes. As a result of these tests, additional control routines have been developed to prevent the generation of data inconsistencies. For example, Cajamarca and Tumbes RHDs created

[27] Formato Unificado de Atención (FUA).

[28] Aplicativo de registro de formatos del Seguro Integral de Salud.

procedural codes that do not exist in MoH's catalogue, with a longer extension than those used by the HIS, thus generating an error because of incorrect data.

(B) Expansion of GalenHos nationwide:

Merchandising of GalenHos – Merchandising-related activities for GalenHos have started, including brand identity design. The brand identity project is seeking to promote the values and characteristics of GalenHos software. The proposed logo is centered on connecting two concepts that embody GalenHos software: information technology and health services (see Annex 16).

Report on the Implementation of GalenHos in the Regions – The project produced a technical report on the implementation of GalenHos in three regions using a sample of hospitals. The aim of the study was to investigate four points of interest: (a) reasons for adopting GalenHos by facilities; (b) factors that facilitate the implementation of GalenHos; (c) factors that hinder the implementation of GalenHos; and (d) critical success factors in implementing GalenHos. The study was conducted to serve as a tool in the expansion process of GalenHos in the MoH (see Annex 17).

Expansion of GalenHos Nationwide - The MoH commissioned the SIS to facilitate the expansion process of GalenHos at the national level. This process will focus on 34 hospitals and 900 first-level care facilities across the country.

During this period, the SIS secured funding for the implementation process. According to verbal, non-official reports from the General Office of Information Technology within SIS, they will shortly receive approximately 25 million soles, which far exceeds the original plan to provide 14 million soles to first-level care facilities (see Annex 18).

In addition, the project has continued to facilitate agreements for GalenHos expansion in individual health facilities. During this quarter, the project held coordination meetings with the following health hospitals: Casimiro Ulloa Hospital in Lima; the National Institute of Mental Health Honorio Delgado - Hideyo Noguchi in Lima; Rezola Hospital in Cañete; and the Regional Hospital of Huaraz. As a result of these meetings, the project has signed agreements with three individual hospitals (see Table 9).

Table 9. New agreements for the implementation of GalenHos.

Agreement Signed between Health Policy and on:	Place	Counterpart
Casimiro Ulloa Emergency Hospital	Lima	Will assume the maintenance of GalenHos Emergency module
National Institute of Mental Health Honorio Delgado - Hideyo Noguchi	Lima	Will introduce improvements in GalenHos Medical record for mental health management.
Rezola Hospital	Cañete-Lima	Will assume the migration of SQL Server 2000 database to PostgresSQL DB Open Source database

During this period, the project continued to monitor the implementation process of GalenHos in health facilities.

3.1.6 Ensure compliance with appropriate national data quality standards, developed with USAID/Peru support, at regional and local levels.

In January 2013, the project made a presentation on the benefits of implementing standard health interoperability HL7 data in Peru before the specialized sectorial committee of information of the CNS. It is expected that the committee will include the implementation of interoperability standards within its work plan for 2013.

The project has continued developing a proposal for implementation of the Peruvian chapter of HL7 (see Annex 19). To this end, the project is coordinating with SUNASA to disseminate and promote a methodology that facilitates standardization of data across the Peruvian health sector.

4. Health Workforce

4.1 Support the design and implementation of a broad-based system for planning and managing the health workforce to ensure competency of workers in the health sector.

4.1.1 Build consensus regarding health civil service reform.

During this quarter, the project provided technical support to the General Directorate of Human Resource Management (GD-HHR) within the MoH in the analysis of human resource (HR) issues and the design of reform proposals to be discussed at national and regional levels.

President Humala has asked the National Health Council to design health reform proposals to improve health benefits for the population. To support this initiative, the project held coordination meetings with the National Health Council's Technical Committee for Human Resources to define strategic areas for health reform in the HR component. Based on these strategic areas, the project has held meetings with technical teams from GD-HHR to develop technical sheets that explain the reform proposals.

The MoH presented these proposals to key regional actors in health, in 3 macro-regional meetings where interesting insights have been collected. Some of the proposals were discarded due to infeasibility of implementation in the current context. As an example, one proposal suggested different career paths for first-level care providers and hospital-level providers under a civil service law. Unfortunately, SERVIR (National Authority of Civil Service) recently proposed a similar proposal which is receiving a lot of criticism from unions and the public, as they feel that the proposal weakens job stability.

The MoH with the TA of the project reviewed all contributions prior to incorporation technical sheets that were presented at the International Seminar on Health Reform, which international experts attended. One commentator was the deputy minister of public health of Ecuador, who highlighted the role of the MoH in the regulation of key aspects of the education of Health Human Resources (HHR). He shared the Ecuadorian experience in the joint definition of profiles and curricula as well as Ecuador's "Healthy Ecuador … back for you" plan, which manages the return of doctors who migrated to other countries[29].

In the end CNS defined and approved four mandates to improve strategic HR areas of focus:

[29] The program exempts tax obligations for the entry of doctors' private property (including medical equipment). It also involves a fast-tracking process for the legalization of professional degrees.

1. The MoH and regional governments will implement a new comprehensive remunerative policy based on merit, performance and risk, according to the level of care.

2. The MoH will regulate the undergraduate education of health human resources to meet the health care needs of the population.

3. The MoH will regulate postgraduate training of health human resources to match supply to the health needs of the country.

4. The MoH and regional governments will apply non-pecuniary incentive schemes to recruit and retain staff who work in less developed areas.

Representatives from the Peruvian Association of Faculties of Medicine (ASPEFAM) participated in CONADASI meetings and expressed their commitment to develop all necessary changes to improve the education of HHR.

4.1.2 Develop long-term plans for Human Resources, including development of the appropriate set of job functions at different professional levels and responsibilities in the health system and forecasting needs with respect to these functions.

During this quarter, at the Central level, the project worked closely with the MoH in validating the proposal for methodology to calculate the HR gap in the first level of care in order to provide the PEAS package as part of universal health insurance. To design the methodology, the project took into account the quantity of procedures according to the disease profile of the population and time per worker in each procedure defined by ASEGURA software. The project also included some aspects of the Workload Indicators of Staffing Need (WISN) methodology.

Based on this methodology, the MoH designed an application to perform these calculations, and the project provided the TA to validate the application in Ayacucho in joint work with MIDIS (see Annex 20). This validation and methodology were developed and transferred, respectively, to all micro-networks in the San Martín RHD. This activity was originally reported in December 2012.

In the same way, the project worked closely with the MIDIS and the MoH in this quarter in the design of a proposal to define HR gaps in social programs such as CRECER, Cuna Mas and Pension 65. To deliver these social programs, recipients must demonstrate that their children are vaccinated and that pregnant women receive prenatal care. MIDIS was interested in qualifying the HHR gap in first-level-of-care facilities because they are aware of the link between the quality health services and the availability of HHR. The intention of the initiative was to close any gap in services and in accessibility in order to guarantee that these programs function in accordance with guidelines set by sector institutions. The expected result is a strengthened health system which is efficient, integrated and ensures both universal health care and social protection.

The project provided technical support to working groups from the Huanta health micro-networks and the Ayacucho Regional Directorate technical group. Through this support, a gap was identified in HHR which requires attention in order to continue providing access to MIDIS social programs. Geographic location and various social problems, including the presence of terrorists and other disruptive elements, are important factors contributing to the scarcity of HHR assets in the Huanta network. The elevated risk inherent in this region and low salaries diminish health staff incentives, which results in numerous vacancies.

The project took part in analogous work in San Martin and reached similar conclusions relating to staff shortages. In this case of San Martin, the HHR shortage is due to low wages and poor working conditions, as well as low connectivity in most of its micro-networks which prevents regular professional development.

As a short and medium term strategy, participants in the workshops proposed identifying opportunities to improve the management and distribution of health professionals through the Rural Service and Marginal Urban Health program (SERUMS).

The MoH is the governing body that regulates and strategically plans human resource allocations according to the needs of the country. However, it is the RHDs that ensure the allocation of professional health assets benefits low income populations of rural and marginal urban areas in their respective regions.

In a recent workshop in the Ayacucho region, Huanta Health Network and a technical team from the MIDIS pledged to develop, together with the Ayacucho RHD, an improvement plan for the SERUMS program as part of the region's compliance with health and social objectives. With these activities, the project would be finishing the design and validation of the methodology for estimating human resource needs in the first level of health care and is ready to be scaled up nationally. The contributions from the Ayacucho and San Martin RHD experiences are, in these regards, remarkable.

4.1.3 Develop competency profiles for health managers at the regional and health network levels.

During this quarter, the project continued to support and provide TA to the San Martin RHD in the analysis of a new organizational structure. Based on this analysis, the project provided TA in the definition of specific functions; job descriptions and analysis; and job profiles.

Taking into account San Martin HRD priorities, table 10 below summarizes organizational units and corresponding job profiles.

Table 10. Job profiles for the RHD in San Martin

ORGANIZATIONAL UNIT	PROPOSED POSITIONS
DIRECTORATE OF HUMAN RESOURCES DEVELOPMENT	Director
	Institutional Organizational Development Specialist
	Sector Management Specialist in Human Resources
	Work Management Specialist
	Performance Development and Evaluation Specialist
DIRECTORATE OF OPERATIONS	Director
	Unit Chief
	Budget Management Specialist
	Administrative Support Specialist (Decentralized Operations)
	Logistics Management and Control Specialist
	Internal Administrative Management Specialist
OFFICE OF STRATEGIC SECTOR PLANNING	Office Chief
	Budget and Finance Specialist
	Planning Specialist
	Project Investment Specialist
	Organization and Quality Assurance Specialist
OFFICE OF HEALTH INTELLIGENCE	Office Chief
Epidemic Control, Emergency, Disaster Prevention Unit	Unit Chief
	Epidemiological Surveillance Specialist
	Epidemics, Emergencies, and Disaster Specialist in Charge
Information Research and Analysis Management Unit	Unit Chief
	Investigation Specialist
	Information Management Specialist
	Communications Specialist
	Documentation Specialist
OFFICE OF LEGAL COUNSEL	Office Chief
	Regulation and Supervision Specialist
	Judicial Processes and Administration Specialist
DIRECTORATE OF HEALTH SECTOR REGULATION AND AUDIT	Director
Health Sector Regulatory Unit	Unit Chief
	Environmental Health Specialist
Health Sector Audit Unit	Unit Chief
	Public and Private Services Inspector Specialist
	Pharmaceutical Establishments Inspector Specialist
	Basic Sanitation Inspector Specialist
	Food Hygiene Inspector Specialist
	Ecology and Environmental Protection Inspector Specialist
DIRECTORATE OF COMPREHENSIVE HEALTH	Director
	Coordinator of Comprehensive Health
Individual and Family Health Unit	Technical Unit Chief
	Youth and Adult Life Stage Specialist
	Senior Adult Life Stage Specialist
Public Health and Environment Unit	Technical Unit Chief
	Health Promotion Specialist
Drug and Health Services Management Unit	Technical Unit Chief
	Organizational and Services Management Specialist

Table 11. Job profiles for the Office of Operations – Health (OOH)

ORGANIZATIONAL UNIT	PROPOSED POSITIONS
OFFICE OF OPERATIONS	Office Chief
ADMINISTRATIVE MANAGEMENT UNIT (AMU)	Unit Chief
	Personnel Manager
	Accounting Manager
	Treasurer
	Logistics Manager
	Jefe de Patrimonio
BUDGET MANAGEMENT UNIT (BMU)	Unit Chief
	Budget Management Unit Chief

Table 12. Job profiles for the Health Network

ORGANIZATIONAL UNIT	PROPOSED POSITIONS
Health Network	Director
OFFICE OF HEALTH PLANNING AND INTELLIGENCE (OHPI)	Office Chief
	Planning Specialist
	Epidemiology Specialist
OFFICE OF SANITARY MANAGEMENT (OSM)	Office Chief
	Organization and Health Services Management Specialist
	Human Resource Management Specialist
DIRECTORATE OF INDIVIDUAL HEALTH (BIH)	Director
	Immunization and Child Specialist (includes monitoring)
	Food and Nutrition Specialist
DIRECTORATE OF COLLECTIVE HEALTH MANAGEMENT (BCH)	Director
	Health Promotion and Community Participation Specialist
	Occupational Health Specialist
OFFICE OF ADMINISTRATIVE LIAISON MANAGEMENT (OALM)	Office Chief
	Personal Administration Assistant
	Logistics and Control Assistant

Table 13. Job profiles for the Health Micronetwork – Primary Health Care Staff

ORGANIZATIONAL UNIT	PROPOSED POSITIONS
MICRO-NETWORK	Medical Care I-2
	Nursing Care I-2
	Obstetrical Care I-2
	Nursing Technician I-2
	Medical Care I-3
	Nursing Care I-3
	Obstetrical Care I-3
	Nursing Technician I-3
	Medical Care I-4
	Nursing Care I-4
	Obstetrical Care I-4
	Nursing Technician I-4
	Dental Surgeon (Primary Care)
	Psychological Care (Primary Care)
	Laboratory Supervisor (Primary Care)

During the next quarter, the project will provide TA to revise the all job profiles to obtain consistency and coherence in their main functions. After this revision, the regional government will approve them.

4.1.4 Develop, implement and monitor regional and local strategies for human resources recruitment and retention.

During this quarter, the project presented and discussed the proposal for recruitment, selection and hiring processes with the San Martin RHD (DIRES SM) and representatives from its decentralized organizational units, networks and operations offices. The intention was to complete the proposal definition and ensure that it was aligned with the procedures performed at the various health network levels.

At the request of the DIRES SM technical team, the project prepared a proposal of a directive containing all procedural details regarding the recruitment, selection and hiring processes.

Ultimately, the technical paper that was presented underwent changes due to the restructuring of DIRES SM's health networks and operations offices. The operations offices themselves function as executive units responsible for all administrative and budgetary management functions allowing the health networks to focus on health care management.

The main objective in the implementation of the proposed directive is to develop personnel recruitment procedures in San Martin RHD networks and micro-networks that are transparent, effective and efficient; merit, suitability and equality of opportunity are the core elements of its implementation.

To further inform the process, the project sought input from participants at the Brief Training Program at the National School of Public Administration for Health Professionals implemented by SERVIR; the project brought up the development of a roadmap to develop recruitment and selection processes under national labor laws.

To support the proposal's momentum, the project will provide TA over the next quarter in the development of a timetable to select and contract personnel for the first level of care.

4.1.5 Develop policies and tools for ensuring continued staffing of health services.

To develop human resource management (HRM) processes that retain competent staff, it is essential to strengthen the capacity of managers in charge of HRM at different levels of government. To this end, the project is thoroughly engaged in activities related to building the capacity of public managers and regional management teams in HRM.

Human Resources Management System in health institutions (HRMS) – Ministry of Health:

During this quarter, the project worked closely with the MoH's General Directorate of Human Resource Management (GD-HRM) in the revision and updating of the technical document "Human Resources Management System in Health Institutions"; the revised document will provide a technical framework to develop policies for ensuring continued staffing of health

services. This document will also allow health institutions to implement the HRMS, which was created by law and is regulated by SERVIR.

In order to align this document with the guidelines for the design of regulatory documents, which was approved by the MoH, the project supported the GD_HRM technical team's review of policy documents in the General Secretariat of the MoH. As a result of this meeting, the objectives and scope of the document were redefined. In the original version, the purpose and objective of the document were to contribute to the improvement of the population's health status. In its new state, the purpose and objective of the document are as follows:

PURPOSE: To improve HRM in health institutions at the regional level throughout the country.

OBJECTIVE: Provide a framework for the implementation of the HRMS in health institutions.

SCOPE: This technical document will be applied in all organizational units of the MoH, the departments of health and RHDs, or those acting in their stead regionally and their respective execution units. This document will serve as a reference for the sub-sectors of the health sector.

The rest of the document's content will remain untouched; only minor edition was introduced in the document, according to MoH guidelines. During the next quarter, the MoH will approve this technical document.

Report on and assessment of the HRMS, including activities undertaken to strengthen the system and recommendations for use in other regions

During this quarter, the project designed a tool to collect information on the organization and functioning of the HRMS at the regional level. This tool was applied in Huánuco and San Martín.

The MoH, the Programa de Apoyo a la Reforma del Sector Salud (PARSALUD) and the project worked together to monitor PARSALUD financed project that analyzed the use of HRMS in 4 Regions (Cusco, Ayacucho, Cajamarca, Ucayali). PARSALUD provided the project with all us all final reports from this analysis. Over the next quarter, the project will write a final report, including recommendations to improve the functioning of the system at the regional level.

Training program for public managers – SERVIR

The MoH and regional governments identified the need to improve the managerial capacities of health managers in regional hospitals and health networks. The MoH asked SERVIR to organize a training package on the management of public health institutions. Simultaneously, EsSalud asked SERVIR to develop a selection process to aid in contracting health managers for its networks in Lima.

Ultimately, the MoH, EsSalud and SERVIR decided to develop the first training program at SERVIR's National School of Public Administration. SERVIR was responsible for developing

a recruitment process to select the best candidates to participate in the program. Simultaneously, SERVIR selected the Universidad Peruana Cayetano Heredia (UPCH) to manage the course.

Recognizing the project's experience and technical leadership in human resources, UPCH requested technical support from the project in the design and execution of the course, entitled "Ethics, Social Responsibility and People Management "[30]. The project proceeded to organize and lecture classes on issues related to the design and the implementation of the HRMS in health institutions within the context of the health reform process. The project designed the course syllabus, prepared teaching materials, lectured, introduced the need to prepare an implementation work proposal as part of the assessment of the course, and designed a final knowledge test. Through this course, the project presented the methodologies, tools and instruments designed for San Martin and Ayacucho RHDs to two groups of participants.

The project's participation in this program constitutes a big opportunity for nationwide scale up of the conceptual framework HRMS processes, which were developed by the project in close coordination with the MoH (see Annex 21). Over the next quarter, the project will present the course to the final group.

Program on Health Management and Governance (PREG) - PARSALUD

PARSALUD is developing the "Program on Health Management and Governance (PREG)" in nine regions[31] and requested assistance in developing the "Human Resources Management" module due to the project's experience and technical leadership in the field. All expenses related to this assistance will be funded by PARSALUD.

The project collaborated in the design of the module for Cajamarca, which is the first region in which this program will be implemented. The development of this course will serve as a model for subsequent courses in PARSALUD-designated areas.

During this quarter, the project coordinated with PARSALUD to plan the execution of the module in Cajamarca in the next quarter (see Annex 22). From our standpoint, this technical collaboration has two significant advantages. Firstly, the standardization of the HRM conceptual framework and operational tools represents a significant USAID contribution to field of HRM in promoting a comprehensive and consistent approach. Previous attempts in recent years have been purely conceptual, leaving a significant gap between theory and practice.

A second advantage stems from the project's ability to test its management tools for HR in Cajamarca and gather information regarding HRMS implementation. The use of a

[30] The training program of the National School of Public Administration consists of several courses, including hospital management and biostatistics, among others. Within one UPCH course, entitled "Ethics, Social Responsibility and Human Resources Management", the project presented information related to RRHH management.

[31] Amazonas, Apurimac, Ayacucho, Cajamarca, Cusco, Huancavelica, Huánuco, Puno and Ucayali.

methodological approach similar to what was used in San Martin will facilitate the comparison of results in both regions; these results will be presented in the project's deliverable, replicating a case-control model.

4.1.6 Develop and implement workforce management policies with incentives and salary guidelines in collaboration with the civil service reform process.

During this quarter, the project presented a conceptual framework and methodology for designing salary scales in the course for public managers. The staff based this framework on experiences from Ucayali, Ayacucho and San Martin for designing salary scales for the first level of care.

Participants were interested in applying this methodology to their regions. However, mechanisms are needed to safeguard USAID authorship. Once this is resolved, this application could be used nationwide.

At the regional level, the management team from San Martin RHD asked the project to define a timetable to implement the salary scale for all the contracts in 2014. To accomplish this, the RHD management team will set the type and quantity of human resources which should be hired in each MR while taking into account the estimated HR gap. The project will also provide technical support to the RHD to build the budget estimates to guarantee this payroll for 2014.

During the next quarter, the project will support San Martin RHD in estimating the needs to cover the HR gap using the salary scale.

4.2 Ensure Competency of Workers in the Health Sector

4.2.1 Strengthen policies for continuous education and on-the-job training to improve quality of care; establish and ensure compliance with minimum competency requirements for meeting quality standards.

According to the International Labor Organization (ILO), job competencies are divided in general and specific competencies. ***General competencies*** are called corporative, generic, organizational, core, and value-based. These competencies must be present in all members of an organization. They represent the organizational culture and flow from the mission, vision, strategies, values and policies of an organization. ***Specific competencies*** are also called technical or functional. These competencies are shown by anyone who performs a function or activities inherent to a job, position or role within the organization. They are specialized, and determined by the functional analysis that reveals specific functions that are aligned with the organization's strategic orientation.

One of the items included in the design of job profiles, is the definition of general and specific competencies.

To define general competencies, the project used the five general competencies defined by the MoH for all health workers as a reference[32]. After the workshops in San Martin, regional teams identified three competencies to be included in all job profiles. The project's recommendation was to start with no more than three general competencies for performance evaluation processes, and after satisfactory assessments, gradually advance the remaining two. The three general competencies selected by San Martin team are:

1. Ethical commitment: Acts demonstrating ethical commitment in providing health services to the individual and family.
2. Teamwork: Participates and collaborates effectively as a team member to provide a health service to achieve customer satisfaction and achieve institutional goals, according to what is established.
3. Ability to organice and plan: Plans and organizes the processes or activities within its competence in an integrated manner and according to the health strategies, priorities and policies.

The definition of specific competencies is optional in the design of job profiles. However, the project provided technical support in defining managerial-specific competencies for networks and micro-networks.

Regarding health care specific competencies at the micro-network level, working groups identified specific competencies for doctors, nurses, midwives, dentists, nursing technicians, psychologists, and laboratory technicians for all categories of first-level-of-care health facilities. To achieve this, the project used the list of competencies for the first level of care as defined by the MoH.

Managerial-specific competencies are important in the development of performance evaluations for managerial positions at the network level. To this end, the project worked with technical teams at the network level and defined two types of managerial competencies: transversal, which are common to all management positions; and specific, which are related to the specific functions of the position. For transversal competencies, the project provided a list of managerial competencies found through a bibliographic search of most common managerial competencies. In this way the project identified the following competencies:

- Lead, mobilize and inspire teams
- Communicate messages verbally or in writing
- Help others to solve problems
- Maintain good interpersonal relationships

[32] General competencies defined by the MoH are: ethical commitment; respect for life, human beings and the environment; teamwork; intercultural-based communications; and ability for organization and planning.

- Develop the potential of others
- Build a vision
- Lead people to achieve results, goals and objectives
- Locate, attract and retain the right people in the right job
- Use resources responsibly
- Manage finances efficiently
- Negotiate
- Maintain a satisfactory organizational climate
- Manage change
- Implement plans, policies and programs in health.

Based on these examples, the network working groups included four managerial competencies in the job profiles for all managerial postions:

1. Maintain a satisfactory organizational climate
2. Lead, mobilize and inspire teams
3. Maintain good interpersonal relationships
4. Use resources with a high sense of responsibility

To ensure consistency and comprehensiveness, the project utilized the Dictionary of Managerial Competencies, which was designed based on the functions that were transferred from national to regional governments. This dictionary contains 86 specific competencies. The working groups used this dictionary to define the three skills that are specific for each position; these competencies were included in the respective job profile.

4.2.2 Assess current staffing patterns at health facilities and work with local and regional authorities to develop policies, as appropriate, to organize and build capacities of health human resources in collaboration with professional associations and training institutions.

Professional associations in Peru are in the process of defining managerial competencies which cut across all health professions. Once defined, the project will include those professional competencies in job profiles and coordinate with training institutions, including San Martin National University, to incorporate job competency profiles into their curricula.

During this quarter, the project participated in CONEAU's[33] "Normalization National Committee of Professional Competencies" meeting on April 14. The purpose of the meeting was to elect a new president; approval of its internal regulations (definition of its scope, its organization, functions, and sub committees); and the installation of the research, management and teaching subcommittee, of which the project is a member. At this meeting, the team leader of the health workforce component received an accreditation that recognized the project's compromise to provide TA to CONEAU (see Annex 23).

Over the next quarter, the project will provide TA related to managerial competencies to the subcommittee. Although the subcommitte has as scope the competencies in research, management and teaching, the project will be focused on providing TA on the managerial component.

4.2.3 Establish and ensure compliance with minimum competency requirements for meeting quality standards.

Over the quarter, the project continued to revise existing legislation by reviewing national and international experiences of performance evaluations of health sector managers based on competencies.

During this quarter, the project also developed a proposal for performance evaluation to measure the effectiveness and efficiency of managers in networks and micro-networks. The proposal contains tools to define indicators to measure performance quantitatively; these indicators should be aligned to institutional goals as well as the duties and functions of the post, which are defined in the respective job profile.

The project presented both the methodology and the tools during the First Brief Training Program for Public Managers. To further a deeper understanding of the subject matter, one of the program's graded assignments required the design of indicators to measure the performance of a given job.

Over the next quarter, the project will develop a workshop with the San Martin management team to define responsibilities and a timetable to implement the performance evaluation process for network health managers.

[33] CONEAU: Consejo de Evaluación, Acreditación y Certificación de la Calidad de la Educación Superior Universitaria

4.3 Medical Products, Vaccines and Technologies

4.3.1 Improve capacities and policies at the national and regional levels to ensure that medical products, vaccines, contraceptives and supplies are procured, stored, transported and in stock at facilities according to established logistics standards

Activities under this component are going to start next quarter, after evaluating the main constraints for service provision in San Martin's micro-network where the pilot PAIMNI is being implemented.

Section 2: Results Reporting Table

Project Components, Activities and Sub-Activities	Location	Qr 3 -2013
1. Health Sector Governance		
Activity 1.1. Strengthen and expand decentralization of the Health Sector		
1.1.1 Support the MoH and regions in adapting to their new roles under a decentralized health sector		
Implementation of Health Network and Micro-network reorganization		
Analysis of current organization of Moyobamba Network	SMT	INT
Analysis of current organization of Soritor, Jepelacio and Lluyllucucha micro-networks	SMT	INT
Preparation of a proposal of the implementation plan for Moyobamba network reorganization	SMT	INT
TA for the implementation of Moyobamba network reorganization	SMT	ADV
TA for the implementation of Soritor, Jepelacio and Lluyllucucha micro-networks reorganization	SMT	ADV
Monitoring of the implementation of the reorganization of Moyobamba network and Jepelacio, Soritor and Lluyllucucha micro-networks	SMT	ADV
TA for executing implementation workshops on network organization in additional networks	SMT	ADV
TA for executing implementation workshops on micro-network organization in additional micro-networks	SMT	ADV
Design and implementation of the referral and counter-referral system (SRCR) for the first level of care		
Analysis of the SRCR plan for San Martin RHD	SMT	POS
Update of the SRCR plan for San Martin RHD	SMT	POS
TA for the implementation of the SRCR plan for San Martin RHD	SMT	POS
Expansion of the SRCR alongside San Martin HRD	SMT	POS
Monitoring and assessment of the implementation of the SRCR plan for San Martin RHD	SMT	POS
Design and implementation of the outdoors strategy for strengthening health prevention and promotion		
Definition of the outdoors strategy for providing health promotion and prevention care	SMT	POS
TA for preparing the implementation plan of the outdoors strategy for providing health promotion and prevention care	SMT	POS
TA for the implementation of the outdoors strategy for providing health promotion and prevention care in pilot micro-networks	SMT	POS
TA for the expansion of the outdoors strategy for providing health promotion and prevention in San Martin RHD	SMT	POS
1.1.2 Develop a regulatory framework for the MoH's new stewardship role		
Report on assessment of UBAP (EsSalud) using the PROCAP tool	LIM	ADV
1.1.3 Improve capacity of regional and local authorities to effectively and efficiently manage their health		

systems and programs		
Preparation of the report on the analysis of restrictions as related to the articulated management pilot, jointly prepared with MIDIS		
Preparation of report on changes needed on processes and organizational functioning for the implementation of a decentralized management approach on DCI	LIM	POS
1.1.4 Continue the decentralization process by extending responsibilities to even lower levels of the political structure		
Execution of the PAIMNI in sentinel zones of San Martin RHD		
Update the organizational structure of San Martin RHD in the operations manual	SMT	ADV
TA to the RHD for the implementation of the operations manual	SMT	ADV
TA for the formalization of affiliation and sectorization responsibilities to health managers in Soritor, Jepelacio and Lluyllucucha	SMT	ADV
TA to the RHD for the organization of health services (SRCR, indoors and outdoors health care)	SMT	INI
Update trial plan for the longitudinal follow up	LIM	INT
Integration of personal data from PAIMNI's focus population from sentinel micro-networks within a database	SMT	ADV
Workshop for the presentation of longitudinal follow-up results and scaling-up strategy	SMT	ADV
TA and supervision from RHD to health networks		
TA to RHD in monitoring the closing of basic operational conditions gaps	SMT	ADV
Design of the articulated management experience (local governments)		
Preparation and revision of the 2013 work plan	LIM	ADV
Implementation of the longitudinal follow up in sentinel micro-networks		
Data entry of longitudinal follow-up registers to GalenHos database	SMT	ADV
Systematization of the longitudinal follow-up experience		
Systematization of the longitudinal follow-up experience in sentinel micro-networks, including recommendations for scaling up	LIM	ADV
Systematization of the longitudinal follow-up experience in prioritized districts	LIM	ADV
Scaling up of the longitudinal follow-up experience		
TA in preparation for the registration of pregnant and <1 year population within prioritized micro-networks	SMT	POS
Data input of registrations from focus population of PAIMNI within prioritized districts	SMT	POS
TA for training of PAIMNI facilitators in prioritized districts, regarding longitudinal follow up	SMT	INI
Monitoring of the longitudinal follow-up process within prioritized micro-networks	SMT	POS
1.1.5 Improve monitoring and reporting of how the health system addresses gender, culture, and stigma and discrimination issues in health		
Technical meetings to define key indicators for the follow up of gender, culture, stigma and health discrimination issues	SMT	ADV
Implementation of prioritized indicators in GalenHos	SMT	ADV

1.1.6 Strengthen intergovernmental coordination mechanisms for health policy		
TA to the health financing, information and human resources committees	LIM	COM
TA to the human resources committee: salary scaling and human resources provision	LIM	COM
1.1.7 Create mechanisms through which local authorities encourage and receive civil society input into the process of health care planning, budgeting, management, service provision and oversight		
Identification of regional health priorities		
TA for the preparation of the "Participatory Health Plan 2013-2018"	SMT	INI
Qualitative assessment of primary care facility co-management initiatives with the community		
Field information retrieval in San Martin and/or other selected RHD (Lima Sur)	SMT	INI
Civil society participation in the implementation of the longitudinal follow up		
Recruitment of health community agents (ACS) and coordination with Juntas Vecinales (JV) from Lluyllucucha, Soritor and Jepelacio	SMT	POS
Preparation of training material for ACS and JV regarding longitudinal follow up	SMT	POS
TA for the execution of the coursework on longitudinal follow up for ACS and JV from Lluyllucucha, Jepelacio and Soritor micro-networks	SMT	POS
Training workshops for network facilitators from prioritized districts on "Longitudinal Follow up for ACS and JV"	SMT	POS
TA for the execution of a workshop on field experience exchange	SMT	INI
Monitoring the execution of training activities on longitudinal follow up in prioritized micro-networks (for ACS and JV)	SMT	POS
Activity 1.3. Develop and implement national and regional plans to monitor compliance with regulations and standards governing the health sector		
1.3.1 Increase monitoring and enforcement of governing regulations and standards in the health sector by regional authorities		
Design and implementation of a monitoring routine on health facilities qualification at micro-network level		
Consolidation of the reports on monitoring qualification process activities	SMT	INT
2. Health Financing and Insurance		
Activity 2.1. Improve health coverage of poor and vulnerable populations		
2.1.1 Ensure health sector resources (regardless of source) are complementary to promote equitable access to health services		
Update the costing and financial estimations of PEAS health benefit plan	LIM	INT
TA to SIS for the alignment of the capitation payment mechanism with improvements in their information system	LIM	INT
TA to SIS for the improvement of the capitation payment mechanism in AUS regions	LIM	INI
2.1.2.Enhance financing and health insurance coverage through implementation and scale-up of pilot programs for providing universal access to a basic health care package		

Deliverable: Report on the process of health insurance, including activities undertaken and recommendations for future strategic actions to strengthen and expand the health insurance reform	LIM	INI
Deliverable: Report on and assessment of payment mechanism, financial flow, and investment management, including activities undertaken, and recommended actions for future policy to enhance efficiency and equity in resource allocation	LIM	INI
2.1.3 Design and implement the policies and mechanisms required for insurance coverage of populations employed in small and micro enterprises		
Executive report on the prime estimation for the oncologic component of the MoH's Plan Esperanza	LIM	ADV
2.1.4 Develop long-term plans for resources needed based on estimations of costs as insurance coverage expands and are based on the changing disease profile of the country (i.e. burden of disease)		
Informational meetings with key actors in the update of the burden of disease study (DGSP, CNS, SIS, OGE)	LIM	POS
Technical document: Methodology to be used to update burden of disease estimations	LIM	POS
Activity 2.2. Ensure efficiency and equity in health resource allocation		
2.2.1 Design and implement a system for results-based budgeting, to be utilized by national and sub-national health authorities		
Systematization of the programming of activities and budgeting formulation for PAN and SMN 2013 in one selected region	LIM	INI
TA to the MoH/CNS in financial and economic issues related to the health reform initiative (e.g. participation in technical meetings, preparation of technical notes)	LIM	COM
San Martin	SMT	
Estimation of unit costs for selected PPR activities	SMT	INT
Workshops (RHD, networks, micro-networks, and budget execution units - UE) for the preparation of the 2014 operational plan at the network and micro-network level	SMT	INT
Workshops (RHD, networks, micro-networks, and budget execution units) for the estimation of the 2014 budget at the network level	SMT	INT
Technical meetings with RG/RHD/UE to elaborate the 2014 required budget for each UE	SMT	INT
Participation in CIGS (current restrictions in the public budgeting rules)	SMT	COM
2.2.2 Assess the current system for financing health service provision under decentralization and universal health insurance		
Workshops with RHD and UE for improving budgetary execution and for preparing PAC 2014 for PAN and SMN	SMT	INT
Workshops with RHD and UE for improving budgetary execution and preparing PAC 2014 for non PAN-SMN programs	SMT	INT
Technical meetings to adjust the Directive on Budget Execution	SMT	INI
Participation in the MCLCP on the follow up of the PAN and SMN budget programs	LIM	COM

2.2.3 Develop payment methods and resource allocation models based on the health needs in different regions, corresponding to health care provided (in terms of the nature, quantity and quality of care) and to appropriate improvements in infrastructure and equipment		
Preparation of methodological proposal for the assessment of the execution of capitation agreements between SIS and 24 RHDs	LIM	POS
Technical document on the methodological basis for PMI	LIM	ADV
Technical documen on the identification of restrictions for the management of health investments	LIM	INI
Preparation of technical documentation used in the divulgation of the investment planning process for strategic facilities.	LIM	ADV
TA to MoH for starting pre-invesment studies (investment profiles) for 40 strategic facilities (hospitals) in 16 regions	LIM	INT
Ayacucho	AYA	
Technical meetings with key officials from RG (Investment Maganement Office, Social Development Office, Planning Office, General Management Office) for the formulation and approval of PMI	AYA	ADV
TA to RG for the formulation and approval of PMI at the regional level	AYA	ADV
San Martin		
TA to RG for the preparation of the investment profile to face Chronic Child Malnutrition (DCI)	SMT	ADV
3. Health Information		
Activity 3.1. Strengthen the capacity to collect, analyze and use data in the health sector		
3.1.1 Promote the use of information in decision making at national, regional and local levels, especially with respect to health service provision, policy making and oversight of new initiatives		
Diseño y ejecución de plan para producir y analizar información de prioridades sanitarias, en base a información del prestador		
Development of the longitudinal follow up prototype	LIM	INT
Development of a datamart for the strategic management of DCI alongside health facilities	LIM	INT
Users Manual		
Design of the tool for the follow up of effective health interventions (for DCI) in target populations	LIM	INT
3.1.2 Improve data collection methods		
Development of GalenHos modules and TA for longitudinal follow up		
Development of maternal health module	LIM	INT
Development of reporting module for operational management (MR) of DCI and maternal health	LIM	INT
TA for monitoring the IT infrastructure strengthening process in prioritized health facilities from selected districts	SMT	COM
TA for monitoring the connectivity strengthening processin prioritized health facilities from selected districts	SMT	COM

Development of other GalenHos modules and applications		
Development of FISSAL module	LIM	POS
Development of scheduling module / web version	LIM	ADV
Development of SRCR module	LIM	INI
Development of routines for data import and export (SUNASA, RENIEC)	LIM	INI
3.1.3 Monitor and evaluate the quality of health services and programs as guaranteed under universal health insurance law in no less than one priority region		
Development of modules for monitoring quality of care		
Preparatory activities: Revision and analysis of PEAS indicators, update of CPT list	LIM	ADV
3.1.4 Streamline and improve HIS as a whole so that needed information at all levels is cohesive, avoids duplication and is produced efficiently		
Development of modules as required by SIS, FISSAL		
Update of GalenHos as required by SIS needs	LIM	ADV
Development of data mesh to be used for the exchange of information from high cost conditions reimbursed by FISSAL	LIM	POS
Update of GalenHos as required by FISSAL needs	LIM	POS
Desing and development of health insurance reports required by RHD	AYA	INT
3.1.5 Support the implementation of regional action plans for the improvement of the performance of the regional HIS		
Development of key data consolitation routines		
Development and validation of GalenHos HIS module	LIM	ADV
Validation of GalenHos HIS module	SMT	INT
Development and validation of data exchange module (MR-Network-RHD)	LIM	POS
TA for the use of information generated as needed to make operational decisions	AYA	POS
Development of reporting modules for the operational management of health facilities	LIM	INT
Expansion of GalenHos implementation nationwide		
Merchandising of GalenHos	LIM	INT
Demonstration of GalenHos for new facilities that consider its implementation	LIM	COM
Tratining to GalenHos trainers	LIM	COM
Training to GalenHos new developers in the standard of code generation	LIM	COM
Monitoring of GalenHos implementation process - Ayacucho	LIM	COM
Monitoring of GalenHos implementation process – Cajamarca	LIM	COM
Monitoring of GalenHos implementation process – Cusco	LIM	COM

Monitoring of GalenHos implementation process – Huánuco	LIM	COM
Monitoring of GalenHos implementation process – Ica	LIM	COM
Monitoring of GalenHos implementation process – La Libertad	LIM	COM
Monitoring of GalenHos implementation process – Lima Sur	LIM	COM
Monitoring of GalenHos implementation process – Pasco	LIM	COM
Monitoring of GalenHos implementation process – Piura	LIM	COM
Monitoring of GalenHos implementation process – Tumbes	LIM	COM
Monitoring of GalenHos implementation process – Lima hospitals (Casimiro Ulloa, Rezola, Honorio Delgado)	LIM	COM
3.1.6 Ensure compliance with appropriate national data quality standards, developed with USAID/Peru support, at regional and local levels		
Design and implementation of interoperability standards		
Preparation of proposal for the implementation of health interoperability standards	LIM	INT
Coordination with MoH offices (OGEI) for initiating the Peruvian chapter of the interoperability committee	LIM	POS
Development of GalenHos imaging module	LIM	POS
3.1.7 Ensure public availability of timely, accurate data		CAN
4. Health Resource Planning for the First Level of Care		
Activity 4.1 Support the design and implementation of a broad-based system for planning and managing the health workforce		
4.1.2 Develop long-term plans for Human Resources, including development of the appropriate set of job functions at different professional levels and responsibilities in the health system and forecasting needs with respect to these functions		
Development and validation of the methodology for assessing human resources needs on the medium and long term (first level of care)	LIM	
Technical meetings with MoH for defining a consensual bottom up strategy for the identification of human resource needs at the national level, at the first level of care (micro-network as minimal point of reference)	LIM	COM
Development of institutional plans for filling the human resources gap at the micro-network level	SMT	
Development of a RRHH planning system	SMT	
4.1.3 Develop competency profiles for health managers at the regional and health network levels		
Definition of position profiles for the RRHH office and for selected managerial positions in networks and micro-networks		
Design, validation and approval of position profile for managers at the network and micro-network level in SMT RHD, as related to the implementation of its new Organization and Functions Rule (ROF)	SMT	ADV
Design, validation and approval of position profiles at the Operations Units and related units in SMT RHD, as related to the implementation of its new Organization and Functions Rule (ROF)	SMT	ADV

Design, validation and approval of position profiles at the Operations Office, RRHH Development Office, and the Planning and Health Intelligence Offices from San Martin RHD, as related to the implementation of its ROF	SMT	ADV
Technical meetings with MoH for the joint revision of work advanced by SMT RHD regarding position profiles	LIM	POS
4.1.4 Develop, implement and monitor regional and local strategies for human resources recruitment and retention		
Definition of position profiles for the first level of care		
Design, validation and approval of position profiles for EBS at the first level of care for San Martin RHD	SMT	ADV
Technical meetings with MoH for the joint revision of work advanced in the definition of profiles for EBS at the first level of care	LIM	INT
Deployment of the recruiting and selection processes aimed at the first level of care		
Technical meetings with MoH for (a) joint revision of the methodology and instruments for recruiting and selecting of staff and (b) follow up of the regional experience as shown by San Martín	LIM	POS
Technical meetings with regional and local RRHH teams for the design of the staff recruiting and selection methodology as well as its related instruments	SMT	INT
Technical meetings for the design of the regulation on the profile-oriented recruiting and selection process	SMT	POS
4.1.5 Develop policies and tools for ensuring continued staffing of health services		
Institutionalization of the RRHH subsystems: recruiting, selection, performance assessment and compensation		
Technical meetings with MoH for the revision and approval of the Technical Report on "Decentralized System for Health Workforce Management"		ADV
Design of the methodology and instruments for the baseline assessment on human resources management at SMT RHD	LIM	ADV
Technical meetings for the baseline assessment on human resources management at SMT RHD	SMT	ADV
Actividad 4.2 Ensure competency of workers in the health sector		
4.2.1 Strengthen policies for continuous education and on the job training to improve quality of care; establish and ensure compliance with minimum competency requirements for meeting quality standards		
Design of methodology and instruments for the assessment of managerial competences as related to health		
Technical meetings with MoH for (a) the joint revision of the methodology to be used for the definition of managerial competencies at the network level and (b) follow up of the regional experience as shown by San Martin RHD	LIM	INT
Technical meetings for designing of instruments on the assessment of managerial competencies at the network and micro-network level	SMT	ADV
4.2.3 Establish and ensure compliance with minimum competency requirements for meeting quality standards		
Design of methodology and instruments for assessing performance on managerial positions		

Technical meetings with MoH and SERVIR for (a) the joint revision of the methodology and instruments to be used in the assessment of managerial performance and (b) follow up of the regional experience as shown by SMT RHD	LIM	ADV
Technical meetings with regional and local RRHH teams for the design of the methodology and tools needed for the competences-based managerial performance	SMT	ADV

LEGEND:
INI: Initial
INT: Intermediate
ADV: Advanced
COM: Completed
POS: Postponed
PRO: Programmed
CAN: Canceled

Section 3: Planned Activities

Project Components, Activities and Sub-Activities	Location	Qr 4 -2013
1. Health Sector Governance		
Activity 1.1. Strengthen and expand decentralization of the Health Sector		
1.1.1 Support the MoH and regions in adapting to their new roles under a decentralized health sector		
Implementation of Health Network and Micro-network reorganization		
Analysis of current organization of Moyobamba Network	SMT	PRO
Analysis of current organization of Soritor, Jepelacio and Lluyllucucha micro-networks	SMT	PRO
Preparation of a proposal of the implementation plan for Moyobamba network reorganization	SMT	PRO
TA for the implementation of Moyobamba network reorganization	SMT	PRO
TA for the implementation of Soritor, Jepelacio and Lluyllucucha micro-networks reorganization	SMT	PRO
Monitoring of the implementation of the reorganization of Moyobamba network and Jepelacio, Soritor and Lluyllucucha micro-networks	SMT	PRO
TA for executing implementation workshops on network organization in additional networks	SMT	PRO
TA for executing implementation workshops on micro-network organization in additional micro-networks	SMT	PRO
Design and implementation of the referral and counter-referral system (SRCR) for the first level of care		
Analysis of the SRCR plan for San Martin RHD	SMT	PRO
Update of the SRCR plan for San Martin RHD	SMT	PRO
TA for the implementation of the SRCR plan for San Martin RHD	SMT	PRO
Expansion of the SRCR alongside San Martin HRD	SMT	PRO
Monitoring and assessment of the implementation of the SRCR plan for San Martin RHD	SMT	PRO
Design and implementation of the outdoors strategy for strengthening health prevention and promotion		
Definition of the outdoors strategy for providing health promotion and prevention care	SMT	PRO
TA for preparing the implementation plan of the outdoors strategy for providing health promotion and prevention care	SMT	PRO
TA for the implementation of the outdoors strategy for providing health promotion and prevention care in pilot micro-networks	SMT	PRO
TA for the expansion of the outdoors strategy for providing health promotion and prevention in San Martin RHD	SMT	PRO
1.1.2 Develop a regulatory framework for the MoH's new stewardship role		
Report on assessment of UBAP (EsSalud) using the PROCAP tool	LIM	PRO

1.1.3 Improve capacity of regional and local authorities to effectively and efficiently manage their health systems and programs		
Preparation of the report on the analysis of restrictions as related to the articulated management pilot, jointly prepared with MIDIS		
Preparation of report on changes needed on processes and organizational functioning for the implementation of a decentralized management approach on DCI	LIM	PRO
1.1.4 Continue the decentralization process by extending responsibilities to even lower levels of the political structure		
Execution of the PAIMNI in sentinel zones of San Martin RHD		
Update the organizational structure of San Martin RHD in the operations manual	SMT	PRO
TA to the RHD for the implementation of the operations manual	SMT	PRO
TA for the formalization of affiliation and sectorization responsibilities to health managers in Soritor, Jepelacio and Lluyllucucha	SMT	PRO
TA to the RHD for the organization of health services (SRCR, indoors and outdoors health care)	SMT	PRO
Update trial plan for the longitudinal follow up	LIM	PRO
Integration of personal data from PAIMNI's focus population from sentinel micro-networks within a database	SMT	PRO
Workshop for the presentation of longitudinal follow-up results and scaling-up strategy	SMT	PRO
TA and supervision from RHD to health networks		
TA to RHD in monitoring the closing of basic operational conditions gaps	SMT	PRO
Design of the articulated management experience (local governments)		
Preparation and revision of the 2013 work plan	LIM	PRO
Implementation of the longitudinal follow up in sentinel micro-networks		
Data entry of longitudinal follow-up registers to GalenHos database	SMT	PRO
Systematization of the longitudinal follow-up experience		
Systematization of the longitudinal follow-up experience in sentinel micro-networks, including recommendations for scaling up	LIM	PRO
Systematization of the longitudinal follow-up experience in prioritized districts	LIM	PRO
Scaling up of the longitudinal follow-up experience		
TA in preparation for the registration of pregnant and <1 year population within prioritized micro-networks	SMT	PRO
Data input of registrations from focus population of PAIMNI within prioritized districts	SMT	PRO
TA for training of PAIMNI facilitators in prioritized districts, regarding longitudinal follow up	SMT	PRO
Monitoring of the longitudinal follow-up process within prioritized micro-networks	SMT	PRO
1.1.5 Improve monitoring and reporting of how the health system addresses gender, culture, and stigma and discrimination issues in health		
Technical meetings to define key indicators for the follow up of gender, culture, stigma and health discrimination issues	SMT	PRO
Implementation of prioritized indicators in GalenHos	SMT	PRO

1.1.6 Strengthen intergovernmental coordination mechanisms for health policy		
TA to the health financing, information and human resources committees	LIM	PRO
TA to the human resources committee: salary scaling and human resources provision	LIM	PRO
1.1.7 Create mechanisms through which local authorities encourage and receive civil society input into the process of health care planning, budgeting, management, service provision and oversight		
Identification of regional health priorities		
TA for the preparation of the "Participatory Health Plan 2013-2018"	SMT	PRO
Qualitative assessment of primary care facility co-management initiatives with the community		
Field information retrieval in San Martin and/or other selected RHD (Lima Sur)	SMT	PRO
Civil society participation in the implementation of the longitudinal follow up		
Recruitment of health community agents (ACS) and coordination with Juntas Vecinales (JV) from Lluyllucucha, Soritor and Jepelacio	SMT	PRO
Preparation of training material for ACS and JV regarding longitudinal follow up	SMT	PRO
TA for the execution of the coursework on longitudinal follow up for ACS and JV from Lluyllucucha, Jepelacio and Soritor micro-networks	SMT	PRO
Training workshops for network facilitators from prioritized districts on "Longitudinal Follow up for ACS and JV"	SMT	PRO
TA for the execution of a workshop on field experience exchange	SMT	PRO
Monitoring the execution of training activities on longitudinal follow up in prioritized micro-networks (for ACS and JV)	SMT	PRO
Activity 1.3. Develop and implement national and regional plans to monitor compliance with regulations and standards governing the health sector		
1.3.1 Increase monitoring and enforcement of governing regulations and standards in the health sector by regional authorities		
Design and implementation of a monitoring routine on health facilities qualification at micro-network level		
Consolidation of the reports on monitoring qualification process activities	SMT	PRO
2. Health Financing and Insurance		
Activity 2.1. Improve health coverage of poor and vulnerable populations		
2.1.1 Ensure health sector resources (regardless of source) are complementary to promote equitable access to health services		
Update the costing and financial estimations of PEAS health benefit plan	LIM	PRO
TA to SIS for the alignment of the capitation payment mechanism with improvements in their information system	LIM	PRO
TA to SIS for the improvement of the capitation payment mechanism in AUS regions	LIM	PRO
2.1.2.Enhance financing and health insurance coverage through implementation and scale-up of pilot programs for providing universal access to a basic health care package		

Deliverable: Report on the process of health insurance, including activities undertaken and recommendations for future strategic actions to strengthen and expand the health insurance reform	LIM	PRO
Deliverable: Report on and assessment of payment mechanism, financial flow, and investment management, including activities undertaken, and recommended actions for future policy to enhance efficiency and equity in resource allocation	LIM	PRO
2.1.3 Design and implement the policies and mechanisms required for insurance coverage of populations employed in small and micro enterprises		
Executive report on the prime estimation for the oncologic component of the MoH's Plan Esperanza	LIM	PRO
2.1.4 Develop long-term plans for resources needed based on estimations of costs as insurance coverage expands and are based on the changing disease profile of the country (i.e. burden of disease)		
Informational meetings with key actors in the update of the burden of disease study (DGSP, CNS, SIS, OGE)	LIM	PRO
Technical document: Methodology to be used to update burden of disease estimations	LIM	PRO
Activity 2.2. Ensure efficiency and equity in health resource allocation		
2.2.1 Design and implement a system for results-based budgeting, to be utilized by national and sub-national health authorities		
Systematization of the programming of activities and budgeting formulation for PAN and SMN 2013 in one selected region	LIM	PRO
TA to the MoH/CNS in financial and economic issues related to the health reform initiative (e.g. participation in technical meetings, preparation of technical notes)	LIM	PRO
San Martin	SMT	
Estimation of unit costs for selected PPR activities	SMT	PRO
Workshops (RHD, networks, micro-networks, and budget execution units - UE) for the preparation of the 2014 operational plan at the network and micro-network level	SMT	PRO
Workshops (RHD, networks, micro-networks, and budget execution units) for the estimation of the 2014 budget at the network level	SMT	PRO
Technical meetings with RG/RHD/UE to elaborate the 2014 required budget for each UE	SMT	PRO
Participation in CIGS (current restrictions in the public budgeting rules)	SMT	PRO
2.2.2 Assess the current system for financing health service provision under decentralization and universal health insurance		
Workshops with RHD and UE for improving budgetary execution and for preparing PAC 2014 for PAN and SMN	SMT	PRO
Workshops with RHD and UE for improving budgetary execution and preparing PAC 2014 for non PAN-SMN programs	SMT	PRO
Technical meetings to adjust the Directive on Budget Execution	SMT	PRO
Participation in the MCLCP on the follow up of the PAN and SMN budget programs	LIM	PRO

2.2.3 Develop payment methods and resource allocation models based on the health needs in different regions, corresponding to health care provided (in terms of the nature, quantity and quality of care) and to appropriate improvements in infrastructure and equipment		
Preparation of methodological proposal for the assessment of the execution of capitation agreements between SIS and 24 RHDs	LIM	PRO
Technical document on the methodological basis for PMI	LIM	PRO
Technical documen on the identification of restrictions for the management of health investments	LIM	PRO
Preparation of technical documentation used in the divulgation of the investment planning process for strategic facilities.	LIM	PRO
TA to MoH for starting pre-invesment studies (investment profiles) for 40 strategic facilities (hospitals) in 16 regions	LIM	PRO
Ayacucho	AYA	
Technical meetings with key officials from RG (Investment Maganement Office, Social Development Office, Planning Office, General Management Office) for the formulation and approval of PMI	AYA	PRO
TA to RG for the formulation and approval of PMI at the regional level	AYA	PRO
San Martin		
TA to RG for the preparation of the investment profile to face Chronic Child Malnutrition (DCI)	SMT	COM
3. Health Information		
Activity 3.1. Strengthen the capacity to collect, analyze and use data in the health sector		
3.1.1 Promote the use of information in decision making at national, regional and local levels, especially with respect to health service provision, policy making and oversight of new initiatives		
Diseño y ejecución de plan para producir y analizar información de prioridades sanitarias, en base a información del prestador		
Development of the longitudinal follow up prototype	LIM	PRO
Development of a datamart for the strategic management of DCI alongside health facilities	LIM	PRO
Users Manual		
Design of the tool for the follow up of effective health interventions (for DCI) in target populations	LIM	PRO
3.1.2 Improve data collection methods		
Development of GalenHos modules and TA for longitudinal follow up		
Development of maternal health module	LIM	PRO
Development of reporting module for operational management (MR) of DCI and maternal health	LIM	PRO
TA for monitoring the IT infrastructure strengthening process in prioritized health facilities from selected districts	SMT	PRO
TA for monitoring the connectivity strengthening processin prioritized health facilities from selected districts	SMT	PRO

Development of other GalenHos modules and applications		
Development of FISSAL module	LIM	POS
Development of scheduling module / web version	LIM	PRO
Development of SRCR module	LIM	PRO
Development of routines for data import and export (SUNASA, RENIEC)	LIM	PRO
3.1.3 Monitor and evaluate the quality of health services and programs as guaranteed under universal health insurance law in no less than one priority region		
Development of modules for monitoring quality of care		
Preparatory activities: Revision and analysis of PEAS indicators, update of CPT list	LIM	PRO
3.1.4 Streamline and improve HIS as a whole so that needed information at all levels is cohesive, avoids duplication and is produced efficiently		
Development of modules as required by SIS, FISSAL		
Update of GalenHos as required by SIS needs	LIM	PRO
Development of data mesh to be used for the exchange of information from high cost conditions reimbursed by FISSAL	LIM	POS
Update of GalenHos as required by FISSAL needs	LIM	POS
Desing and development of health insurance reports required by RHD	AYA	PRO
3.1.5 Support the implementation of regional action plans for the improvement of the performance of the regional HIS		
Development of key data consolitation routines		
Development and validation of GalenHos HIS module	LIM	PRO
Validation of GalenHos HIS module	SMT	PRO
Development and validation of data exchange module (MR-Network-RHD)	LIM	POS
TA for the use of information generated as needed to make operational decisions	AYA	POS
Development of reporting modules for the operational management of health facilities	LIM	PRO
Expansion of GalenHos implementation nationwide		
Merchandising of GalenHos	LIM	PRO
Demonstration of GalenHos for new facilities that consider its implementation	LIM	PRO
Tratining to GalenHos trainers	LIM	PRO
Training to GalenHos new developers in the standard of code generation	LIM	PRO
Monitoring of GalenHos implementation process - Ayacucho	LIM	PRO
Monitoring of GalenHos implementation process – Cajamarca	LIM	PRO
Monitoring of GalenHos implementation process – Cusco	LIM	PRO

Monitoring of GalenHos implementation process – Huánuco	LIM	PRO
Monitoring of GalenHos implementation process – Ica	LIM	PRO
Monitoring of GalenHos implementation process – La Libertad	LIM	PRO
Monitoring of GalenHos implementation process – Lima Sur	LIM	PRO
Monitoring of GalenHos implementation process – Pasco	LIM	PRO
Monitoring of GalenHos implementation process – Piura	LIM	PRO
Monitoring of GalenHos implementation process – Tumbes	LIM	PRO
Monitoring of GalenHos implementation process – Lima hospitals (Casimiro Ulloa, Rezola, Honorio Delgado)	LIM	PRO
3.1.6 Ensure compliance with appropriate national data quality standards, developed with USAID/Peru support, at regional and local levels		
Design and implementation of interoperability standards		
Preparation of proposal for the implementation of health interoperability standards	LIM	PRO
Coordination with MoH offices (OGEI) for initiating the Peruvian chapter of the interoperability committee	LIM	POS
Development of GalenHos imaging module	LIM	POS
3.1.7 Ensure public availability of timely, accurate data		CAN
4. Health Resource Planning for the First Level of Care		
Activity 4.1 Support the design and implementation of a broad-based system for planning and managing the health workforce		
4.1.2 Develop long-term plans for Human Resources, including development of the appropriate set of job functions at different professional levels and responsibilities in the health system and forecasting needs with respect to these functions		
Development and validation of the methodology for assessing human resources needs on the medium and long term (first level of care)	LIM	
Technical meetings with MoH for defining a consensual bottom up strategy for the identification of human resource needs at the national level, at the first level of care (micro-network as minimal point of reference)	LIM	PRO
Development of institutional plans for filling the human resources gap at the micro-network level	SMT	
Development of a RRHH planning system	SMT	
4.1.3 Develop competency profiles for health managers at the regional and health network levels		
Definition of position profiles for the RRHH office and for selected managerial positions in networks and micro-networks		
Design, validation and approval of position profile for managers at the network and micro-network level in SMT RHD, as related to the implementation of its new Organization and Functions Rule (ROF)	SMT	PRO
Design, validation and approval of position profiles at the Operations Units and related units in SMT RHD, as related to the implementation of its new Organization and Functions Rule (ROF)	SMT	PRO

Design, validation and approval of position profiles at the Operations Office, RRHH Development Office, and the Planning and Health Intelligence Offices from San Martin RHD, as related to the implementation of its ROF	SMT	PRO
Technical meetings with MoH for the joint revision of work advanced by SMT RHD regarding position profiles	LIM	PRO
4.1.4 Develop, implement and monitor regional and local strategies for human resources recruitment and retention		
Definition of position profiles for the first level of care		
Design, validation and approval of position profiles for EBS at the first level of care for San Martin RHD	SMT	PRO
Technical meetings with MoH for the joint revision of work advanced in the definition of profiles for EBS at the first level of care	LIM	PRO
Deployment of the recruiting and selection processes aimed at the first level of care		
Technical meetings with MoH for (a) joint revision of the methodology and instruments for recruiting and selecting of staff and (b) follow up of the regional experience as shown by San Martín	LIM	PRO
Technical meetings with regional and local RRHH teams for the design of the staff recruiting and selection methodology as well as its related instruments	SMT	PRO
Technical meetings for the design of the regulation on the profile-oriented recruiting and selection process	SMT	PRO
4.1.5 Develop policies and tools for ensuring continued staffing of health services		
Institutionalization of the RRHH subsystems: recruiting, selection, performance assessment and compensation		
Technical meetings with MoH for the revision and approval of the Technical Report on "Decentralized System for Health Workforce Management"		PRO
Design of the methodology and instruments for the baseline assessment on human resources management at SMT RHD	LIM	PRO
Technical meetings for the baseline assessment on human resources management at SMT RHD	SMT	PRO
Actividad 4.2 Ensure competency of workers in the health sector		
4.2.1 Strengthen policies for continuous education and on the job training to improve quality of care; establish and ensure compliance with minimum competency requirements for meeting quality standards		
Design of methodology and instruments for the assessment of managerial competences as related to health		
Technical meetings with MoH for (a) the joint revision of the methodology to be used for the definition of managerial competencies at the network level and (b) follow up of the regional experience as shown by San Martin RHD	LIM	PRO
Technical meetings for designing of instruments on the assessment of managerial competencies at the network and micro-network level	SMT	PRO
4.2.3 Establish and ensure compliance with minimum competency requirements for meeting quality standards		
Design of methodology and instruments for assessing performance on managerial positions		

Technical meetings with MoH and SERVIR for (a) the joint revision of the methodology and instruments to be used in the assessment of managerial performance and (b) follow up of the regional experience as shown by SMT RHD	LIM	PRO
Technical meetings with regional and local RRHH teams for the design of the methodology and tools needed for the competences-based managerial performance	SMT	PRO

LEGEND:
INI: Initial
INT: Intermediate
ADV: Advanced
COM: Completed
POS: Postponed
PRO: Programmed
CAN: Canceled

Section 4: Problems encountered & Solutions

Incident: Passive resistance of some officials at the Regional Directorate of Health to introduce innovations in the process of definition of health priorities. This was manifested by the delays in the preparation of informational sheets to be distributed to population representatives. Besides, informational sheets did not have an acceptable quality.

Components Affected: Governance component

The project provided additional time in the technical orientation given to San Martin RHD in order to have the informational sheets prepared.

However, there was still an attempt to influence the execution of the consultation during the meeting. This influence was going to be executed through the massive use of the meeting time for presentations by the RHD, minimizing the time for deliberation between the population representatives (as originally considered in the technical proposal).

On going Process for Solution: The project had working meetings with the Director of Health and the Deputy Regional Director in order to persuade them of the political risks they were exposed if the population got aware of the covered manipulation that representatives were going to be object. After an in depth analysis of risks, a decision was taken in order to maintain the original technical proposal. Indeed, this happened on May 20, four days before the consultation event.

Current Status:

The risk was controlled and the Health Conclave was a success. The over-300 participants at the event were pleased because it was a sign of participation in regional policy making in health.

Incident: Delays in the transfer of money from MoH to SIS for GalenHos Expansion Process in MoH.

Affected Components: Information Component - The project invested software programming resources and technical assistance to the SIS for the implementation of this activity; SIS in return offered to compensate us with a reinforcement of development staff, after they receive the financial resources to do so from MoH.

On going Process for Solution:

April 5th. Lic. Victor Chávez (SIS) send to us an email telling us about his discouragement by delays and bottlenecks presented in the process (financing of the GalenHos expansion process).

April 15th. It was held in the offices of Health Policy a coordination meeting between members of the Information Technology Office of the SIS, the General Office of Statistics and Information of the Ministry of Health, the Department of Health of the People of the MoH and the Office of Decentralization from MoH. The purpose of this meeting was to present the problem and discuss possible solutions.

April 23th. A meeting was held in the Ministry of Health with the same participants of the meeting of April 15. The points on the agenda were two: First, to check the proposed document justifying the transfer of funds to the MoH from MIDIS, that would serve for subsequent transfer from the MoH to the SIS; and second, to assess how the Regional Managers of Decentralization Office from MoH, could help to compensate the lack of implementers teams of SIS.

May 8th. SIS has no more funds to contract the SIS Coordinator for Galenhos Expansion Project in MoH. This person must start a mandatory rest period.

May 22th. The project and SIS trained Regional Managers of Decentralization Office to support the diffusion of implementation process of GalenHos.

May 27th. It was coordinated with the Chief of Information Technology of SIS, and we recommended to him elaborate a new proposal, only for implementers teams, trough requesting funds directly from the MoH

June 14th. The SIS sends its proposed cuts to the MoH

June 17th. The Ministry of Health responds to SIS that observations of the MoF for the funds transfer from MIDIS to the MoH had been overcome and SIS would receive an additional 11 million to 14 million soles originally sought.

Currect Status: We are waiting for the transfer of funds from the MoH to the SIS for the start of the implementation process (selection, recruitment and training of the implementers teams of SIS for the GalenHos Expansion Process).

Incident: Continuos change in health authorities in Ayacucho Region.

Affected Components: Health workforce component; many technical reports which were worked with technical teams from Ayacucho RHD were pending approval for implementation at regional level.

Among the products are: Job profiles for primary care, job profiles for HR Units; competency profile for HR management. Also, was not implemented the methodology to estimate the HR gap on all micronetworks.

Ongoing Process for Solution:

December 2012: The project had a meeting with the General Director of Ayacucho RHD in order to define the new mechanisms to maintain TA, despite the fact that the project was closing its regional office in Ayacucho. Technical counterparts were identified within Ayacucho's RHD management team.

January 2013: The General Director was changed. Communication was started with the new officers in charge, providing information on the previous work advanced regarding human resources management.

June 2013: There was a new change in the General Director. A new meeting is going to be requested to new authorities in order to inform all the activities which were developed in Ayacucho.

Current status: We are waiting for a confirmation on the date that the informational meeting will be held with Ayacucho RHD main officers.

Section 6: Succes Stories

No success stories have been identified to documentate this quarter.

Section 7: Best Practices developed by the project

MUTIANNUAL INVESTMENT PLANNING FOR HEALTH FACILITIES

Experience documentation

June, 2013

Author: Cosavalente, Oscar – USAID|Perú|Health Policy Reform Project

Origin of the experience: Perú – Ministry of Health

Summary

After the approval of the Framework Law for the Universal Health Insurance (AUS) and, as consequence, of the Essential Health Insurance Plan (PEAS), in 2009, the MoH with the technical assistance of the project HPR prepared a set of instruments oriented towards the definition of resources needed to strengthen the health provision apparatus. One of the instruments corresponded to the methdodology for the multiannual investment planning in health. This methodology set the parameters to be used in service use, physical requirements (infrastructure and medical equipment), and distribution criteria for health production units. All in all, the methodology is directed towards the provision of an effective response to at least 85% of all causes of demand for medical services across the country.

The methodology was approved in July 2012 (Ministerial Rule 577-2012) and has been used to identify requirements for implementing strategic on a nationwide basis (748 facilities), but also for defining the comprehensive investment projections for the RHDs in San Martin and Ayacucho. In this way, a new rationale is being introduced to manage health investments in Peru. This approach will allow the predictability on investments, and accordingly will reduce the high discretionality that is still observed when allocating investment resources for health en Peru.

Stakeholders and Parters

The MoH is a key stakeholder, since it is envisaging the expansion of the methodology to 10 regions in 2013. Another important stakeholder is the MoF, the main decision making institution in investment issues. MoF has taken de decision to accept as valid all the planning results made by the methodology, and will take them into consideration for the formulation of the investment profiles for strategic health facilities.

Methodological approach

The methodology is based on the development of use parameters for health services and health provision units within a health network (comprising health facilities categorized as I-1 to II-1 and II-E), so as to allow the integral provision of PEAS. For this purpose, a comprehensive diagnosis is made on the operational capacity of every facility and its health provision units. Subsequently demand estimations are made for the next 10 years, and on that basis an instrastructure and equipment gap is defined.

The formulation process of the methodology has been done in close collaboration with the technical teams of the General Office of Human Health (DGSP), the General Office of Infrastructure, Medical Equipment and Maintenance (DGIEM), and the Investment Project's Office (OPI), and endured a whole year.

Validation

Validation was made in two zones: One comprised San Martin RHD, with 101 health facilities that serve 350 thousand inhabitants in zones of intermediate and low populational density. The second zone was San Juan de Lurigancho (Lima), with 34 facilities that serve around 1 million inhabitants. In contrast to San Martin, San Juan de Lurigancho is the zone with the highest population density in the country.

Innovation and Success Factors

The use of the methodology has allowed the health authority at the regional and national level to have a global perspective on how should be arranged health facilities of medium and low complexity. In this way, confidence is generated in the health sector and its mechanisms to organize itself and the facilities, setting the fundamentals for a sustainable mechanism for financing health investments.

Results

Results of the projections made in investment planning reveal the following results:

- Medium complexity hospital provision will be drastically increased in 121%
- Primary care provision will be strengthened since it will also comprise basic specialized medical care and short-term inpatient care. Facilities with this operational capacity will be increased in 45%
- Low complexity health facilities will diminish as stand-alone facilities, and will be absorbed by integrated health networks or will upgraded to the aforementioned type of facilities. Low complexity health facilities will reduce its number in 63%

In the case of San Martin RHD, the use of this methodology has allowed San Martin Regional Government prepare an integral mega-initiative that groups the requirements of 207 health facilities located in 37 high priority districts (as related to their high prevalence of chronic child malnutrition). So far, the proposal has been successful regarding the results of negotiations with the MoF. This will allow making a significant overhauling of basic health facilities, and will put the public health sector in a better position to face the challenge posed by the chronic child malnutrition reduction.

On the other hand, the methodology has allowed that investment requirements from 7 strategic health facilities be included within the global proposal. This fact has served to provide consistency to dimensioning the complete proposal of the investment package, and has served to reduce the time processing of the investment proposal to 4 months. As a result of this practice, San Martin Regional Government has gained access to 69 million

soles in addition to what it has received on a historical basis (263% of increase). These funds will be executed during the second half of 2013.

Conclusions

The multiannual health investment planning methodology allows the identification of the investment requirements to strengthen health services in a network arrangement. Among the main benefits of the use of the methodology is the strengthening of the governance role of the national and regional authorities regarding the allocation of investment resources; reducing the duplicity in the investment initiatives when these initiatives are presented on a facility-by-facility basis; and shortening the processing time for the advancement of an investment project initiative.

Recommendations

- Expand the application of the methodology to the rest of RHD across the country. This will require that the MoH start a training of trainers program.
- Updating the health technical norms that approve the parameters for use of services, infrastructure, medical equipment and staffing, so as to stabilize the projections alredy done by the methodology
- Generate tools that allow a better understanding of the methodology and, as a consequence, better increase chances to sustain the proposed changes in time
- Expand the logic used by this methodology to the planning of more complex health facilities.

Next steps

- Disseminate the results of the investment planning process, so its generalized use is easier to achieve and accept by regional, and local governments
- Expand the use of the approach to higher complexity health facilities

Section 8: List of Upcoming Events

- Formulation of the 2012-2018 Health Regional Concerted s Plan of– San Martin Region.
- Workshop for scaling up the Regional Program for the Reduction of Chronic Malnutrition.
- Workshop to define the organization and functions of Micro Health Networks - San Martin.
- Workshops with community leaders and neighborhood councils to strengthen the work of PAIMNI
- Formulation of the reference and counter in health network Moyobamba
- Workshop of GalenHos software for programmers of hospitals in agreement.
- Workshop of GalenHos software for users of hospitals in agreement.
- Strengthening Workshop of GalenHos for Trainers in San Martín Region on the use of GalenHos software.
- Technical Meetings with SIS in order to:
    1. Better preparation to review and monitoring the actuarial study to be conducted by the SIS.
    2. Close monitoring of extent insurance coverage for micro entrepreneurs under the National Budget Law 2013.
- Technical Meetings with MoH:
    1. National Public Budget Committee 2014 (including review of the PPR 2013) involved both as DGSP OGPP to improve cost matrix for key budget products.
    2. Participation in the workshops of prioritization of regional investment projects as part of the CRIIS.
- Workshops and technical meetings in the San Martin region to complete the process of preparing the 2014 POI Microred level.

Quarterly Financial Reports

USAID | PERU | POLITICAS EN SALUD

DEL PUEBLO DE LOS ESTADOS UNIDOS DE AMERICA

QUARTERLY FINANCIAL REPORTS

April – June 2013

USAID/Peru/Politicas en Salud

Contract No. GHS-I-10-07-00003-00

Submitted by:
Abt Associates Inc.
Av. La Floresta 497
Ofic. 101
San Borja
Lima - Perú

In Partnership with:
Futures Group
International

Abt Associates Inc.
TASC3 Peru HPR
January 2010 - June 2013- Quarterly Financial Summary

Total Contract:	**$12,808,838**
Amount obligated to date:	**$12,808,838**
Unobligated balance:	**$0**
Expenditure to June 2013	**$9,956,169**
Remaining obligated funds:	**$2,852,669**
Expenditure to June 2013	**$9,956,169**
Remaining total contract funds:	**$2,852,669**

Table A - Costs Incurred by Main line items

	ITEMS	Total Contract Budget	Accumulated	Balance
BY BUDGET ELEMENT				
I.	LABOR	$3,039,088	$2,305,028	$734,060
II.	FRINGE BENEFITS	$1,276,417	$968,112	$308,305
III.	OVERHEAD	$879,696	$640,194	$239,501
IV.	CONSULTANTS	$836,271	$943,105	($106,835)
V.	TRAVEL AND PER DIEM	$296,942	$241,421	$55,521
VI.	ALLOWANCES	$0	$0	$0
VII.	OTHER DIRECT COSTS	$1,852,290	$1,409,224	$443,066
VIII.	EQUIPMENT	$31,637	$27,783	$3,855
IX.	SUBCONTRACTS	$2,274,432	$1,638,424	$636,008
X.	OTHER INDIRECT COSTS	$1,484,104	$1,164,732	$319,373
XI.	TOTAL ESTIMATED COSTS (Exclusive of Fee)	$11,970,877	$9,338,023	$2,632,854
XII.	FEE	$837,961	$643,109	$194,852
	Burdened Salary Cap Excess	$0	($24,963)	$24,963
XIII.	ESTIMATED COSTS PLUS FEE	$12,808,838	$9,956,169	$2,852,669

Table B - Costs Incurred by Component/CLINs

100	200	300	400	500	
HEALTH GOVERNANCE	HEALTH FINANCING	HEALTH INFORMATION	HUMAN RESOURCES	MEDICAL PRODUCTS, VACCINES AND TECHNOLOGIES MANAGEMENT & LOGISTICS	Total Executed
$678,464	$725,439	$466,873	$210,240	$224,012	$2,305,028
$284,955	$304,685	$196,086	$88,301	$94,085	$968,112
$187,266	$202,223	$130,614	$58,654	$61,437	$640,194
$262,782	$327,092	$133,573	$134,428	$85,230	$943,105
$76,043	$72,631	$32,040	$35,551	$25,155	$241,421
$0	$0	$0	$0	$0	$0
$415,703	$454,403	$199,032	$207,589	$132,498	$1,409,224
$10,494	$6,937	$2,825	$3,913	$3,614	$27,783
$481,377	$496,287	$278,536	$238,662	$143,562	$1,638,424
$358,374	$337,130	$190,450	$173,876	$104,901	$1,164,732
$2,755,459	$2,926,828	$1,630,029	$1,151,214	$874,494	$9,338,023
$189,271	$200,461	$114,184	$77,926	$61,267	$643,109
($7,212)	($7,812)	($4,655)	($2,965)	($2,318)	($24,963)
$2,937,518	$3,119,477	$1,739,557	$1,226,175	$933,443	$9,956,169

Appendix 1: Resumen de iniciativas de Reforma en Salud

To see the document please click here

Appendix 2: Proyecto de Manual de Organización y Funciones de las Redes de Salud de la DIRESA San Martín

To see the document please click here

Appendix 3: Programa Tipo de los Talleres de Expansión del PAIMNI a Nivel Regional

To see the document please click here

.

Appendix 4: Comisión Intergubernamental de Salud - XIII Reunión Ordinaria. 20 y 21 de junio de 2013, Lima

To see the document please click here

Appendix 5: Informe del Cónclave en Salud para Determinar las Prioridades Sanitarias de la Región San Martín

To see the document please click here

Appendix 6: Análisis del avance en la ejecución del presupuesto público en salud 2013

To see the document please click here

Appendix 7: Elaboración y Análisis del Presupuesto de Microredes de la DIRES Gobierno Regional de San Martín

To see the document please click here

Appendix 8: Categorías Proyectadas Por Planeamiento Multianual de los Establecimientos Estratégicos por Región

To see the document please click here

Appendix 9: Anuario Estadístico Sector Salud

To see the document please click here

Appendix 10: Diseño GalenHos Para Seguimiento Longitudinal

To see the document please click here

Appendix 11: Indicadores para Evaluación de la Etapa Vida Niño

To see the document please click here

Appendix 12: Indicadores MIDIS

To see the document please click here

Appendix 13: Monitoreo del Proceso de Implementación de GalenHos

To see the document please click here

Appendix 14: Acta de reunión: Presentación de GalenHos a representantes de la SUNASA

To see the document please click here

Appendix 15: Procedimientos más frecuentemente usados en el Catálogo de SIS CPT 2000

To see the document please click here

Appendix 16: Identidad de Marca para Software GalenHos

To see the document please click here

Appendix 17: Informe técnico sobre la implementación del Sistema Integrado de Gestión Hospitalaria GalenHos en las regiones

To see the document please click here

Appendix 18: Sistema de Gestión GalenHos en Establecimientos de Salud

To see the document please click here

Appendix 19: Propuesta para la Implementación de Estándares de Interoperabilidad en Salud

To see the document please click here

Appendix 20: Carta - Ministerio de Salud

To see the document please click here

Appendix 21: Carta - Universidad Peruana Cayetano Heredia

To see the document please click here

Appendix 22: Carta - Parsalud

To see the document please click here

Appendix 23: Carta - CONEAU

To see the document please click here